

1925
County Borough of Wolverhampton.



ANNUAL REPORT
UPON THE
Health of Wolverhampton
For the Year
1925,

BY

R. H. H. JOLLY, M.D., B.S. (LOND.) D.P.H.

Medical Officer of Health,

*Medical Superintendent of the
Borough Infectious Hospital.*

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HEALTH AND MATERNITY AND CHILD WELFARE COMMITTEE.

THE MAYOR (Alderman F. A. WILLCOCK).
Alderman T. A. HENN (Chairman).

Councillors :

M. CHRISTOPHER.	J. W. KENNEDY.
A. DAVIES.	J. WALSH.
R. J. EVANS.	Mrs. BOWYER.
|| Miss PERRY.	|| Mrs. SPROSON

With the addition of || Mrs. DALE and || Mrs. TOMLINS.

Staff of the Health Department.

Medical Officer of Health :

R. H. H. JOLLY, M.D., B.S., (Lond.) D.P.H.

Deputy Medical Officer of Health :

B. C. HALLER, M.A., L.R.C.P., L.R.C.S., D.P.H.

Assistant Medical Officer (M. & C.W.):

* E. W. STRANGE, M.D., B.S. (Lond.)

Analysts :

* E. V. JONES, F.I.C.

* A. E. JOHNSON, B.Sc., F.I.C., A.R.C.S.I.

Veterinary Inspector :

* J. E. CARTWRIGHT, M.R.C.V.S.

Chief Sanitary Inspector :

† JOHN PEERS.

Inspector under the Sale of Food and Drugs Act ;
GEO. F. ALLWOOD.

Inspector for Factories and Workshops, and Inspector under the Rag Flock Act :
† H. MORTON.

District Sanitary Inspectors :

† E. R. BROCK.	† F. W. DUNSTAN.	† J. H. DAVIES
† A. DICKIN.	† H. MATTHEWS.	(Resigned Sept., 1925).
† H. BUXTON.	† C. E. SANDERSON	(from October, 1925).

Disinfecting Officer :

H. BURROWS.

Clerks :

† W. H. TILLEY.	L. C. HODGKISS.	Miss L. C. POVEY.
J. J. MORRIS.	G. JONES.	Miss N. HUGHES.
A. H. HUDSON.	E. PRICE.	Miss D. MEAKIN.
	C. E. DEAKIN.	

Borough Infectious Hospital :

Matron : Miss M. BORTON.

Inspector of Midwives and Superintendent of Health Visitors :
† Miss CARTER.

Lady Health Visitors :

†† Miss TONKS.	† Miss H. V. GOODWIN.	† Miss M. JASPER
† Mrs. HUTT.	† Miss D. HADLEY.	† Miss L. G. SWEETMAN
	† Miss B. HIGGS.	

Sales Clerk :

Miss B. KEABLE.

Infant Welfare Clerk :

Miss BENTLEY.

* Part time. † Holder of Certificates of the Royal Sanitary Institute. ‡ Certified Midwives.
|| Maternity and Child Welfare Committee only.

HEALTH OFFICES,

TOWN HALL,

WOLVERHAMPTON,

June, 1926.

*To the Mayor, Aldermen and Councillors of the
County Borough of Wolverhampton.*

Ladies and Gentlemen,

I beg to present my Annual Report on the health of Wolverhampton in the year 1925. In accordance with the instructions of the Ministry of Health this Report is a "survey" Report, which is of the more comprehensive nature than usual and contains a retrospect of the work of the Public Health Department during the past five years, and its effect on the environment and health of the citizens of Wolverhampton.

It may be stated that the general sanitary condition of the Borough to-day is considerably better than it was in 1920. The main items in which progress is particularly marked will be found referred to in the attached Report.

In February, 1925, this town was honoured with the visit of five distinguished Medical Officers from abroad, who were assigned to Wolverhampton for a period of three weeks in order to study the methods of Public Health administration in this country. I desire to express my indebtedness to the members of the Council and to my colleagues in the several departments of the Corporation who assisted in making this course a valuable and instructive one for the visitors.

I have pleasure in reporting that the entire staff of the department have displayed the keenest interest in their work and have carried out their various duties in a most efficient manner during the past year.

Special mention must be made of the valuable help of Dr. Haller in connection with infectious disease and infant welfare, and Mr. John Peers, Chief Sanitary Inspector, in his particular department.

Once again I wish to express my indebtedness to the Chairman and Members of the Health Committee for their kindly consideration and continued support.

I have the honour to be,

Your obedient servant,

R. H. H. JOLLY,

Medical Officer of Health.

SUMMARY,

1925.

AREA OF BOROUGH	3,525 Acres.		
POPULATION (Registrar-General's estimate) ..	108,800		
NUMBER OF INHABITED HOUSES (1921) ..	21,609		
NUMBER OF FAMILIES or separate occupiers (1921)	22,925		
RATEABLE VALUE	£532,562		
Sum represented by a Penny Rate	£2,048		
		1924.	1925.
BIRTH RATE (births per 1,000 living)	19·4	19·2	
DEATH RATE (deaths per 1,000 living)	11·9	12·2	
NATURAL INCREASE OF POPULATION ..	818	761	
(Excess of births over deaths in the year)			
INFANT MORTALITY RATE	85	89	
(deaths under 1 year per 1,000 births)			
DEATH RATE from Phthisis	0·80	0·91	
„ „ all forms of Tuberculosis ..	0·95	1·07	
„ „ Diarrhoea and Enteritis of children under 2 years per 1,000 births	9·52	11·02	
„ „ Cancer	1·16	1·14	

NATURAL AND SOCIAL CONDITIONS.

The Borough of Wolverhampton forms the north western outpost of the Black Country. On its west and north sides it is bounded by agricultural districts, whilst to the east and south of it there are industrial areas with which it is practically continuous. Running from the northern to the southern end of the town there is a sandstone ridge which attains its greatest height, 592 feet, at Goldthorn Hill, near the southern boundary. In the centre of the town an important landmark is St. Peter's Church which is 530 feet above sea level, and commands a fine view of the Wrekin and the Clee Hills of Shropshire lying some 20 miles west of the town. Standing as it does on a ridge, the water supply and drainage of Wolverhampton present certain difficulties which it has required considerable engineering skill to overcome. The eastern and southern portions of the district are mainly on sandstone, whilst the lower parts to the north and west are on clay.

All the earlier development of the town was on the eastern side, as old maps of the town clearly shew. The rapid growth of the Borough during the last century was undoubtedly due to the wave of industrial prosperity at that time, particularly in the iron and coal trades. Between 1840 and 1870 the population had increased from 35,000 to 70,000. This rapid increase was accompanied by the erection of houses in courts and alleys, houses back-to-back, in fact houses just built anyhow. Buildings erected at this time were placed almost exclusively on the eastern side of the town, which accounts for the fact that the large majority of Wolverhampton's present day slum areas lie on this side. It is these worn-out and defective houses erected in the middle of last century which now form an onerous legacy of an earlier generation who entirely failed to recognise the value of decent environment for the worker or for the necessity for proper town planning.

Meteorology. (See Table I).—The prevailing westerly or south-westerly winds are a circumstance peculiarly fortunate in view of the geographical position of the town. Any breezes from an easterly or south-easterly direction tend to bring with them the smoke laden clouds forming over the adjacent industrial towns of the Black Country. It is exceptional therefore to have a bright sunny day in Wolverhampton when the wind is blowing from any quarter but a westerly one.

The rainfall is slightly higher than that of London and the Eastern Counties, and averages 28·5-in. a year.

The Mean January temperature is 38° fahrenheit, and the Mean July temperature 62° fahrenheit. Last year the total rainfall was 31·82-in, and the wettest months were February and September. The month of June was exceptionally dry, and the early part of October was notable for a dry sunny spell. Severe wintry weather was experienced in November and December with considerable falls of snow. The coldest day was November 14th when 10·8° of frost were registered at the Meteorological Station in the West Park.

As regards social conditions Wolverhampton is essentially an industrial town. The main occupations of the employed population are as follows:—

Total occupied (age 12 years and over).	Males.	Females
Metal Workers	13,895	2,522
Electrical Apparatus Makers	539	101
Makers of Textile Goods and articles of Dress	664	1,007
Workers in Wood and Furniture	1,542	163
Builders, Bricklayers and Contractors	1,191	5
Persons employed in Transport	3,583	191
Commercial Finance and Insurance	2,546	1,718
Persons engaged in personal service	628	3,654
Clerks and Draughtsmen, Typists	1,706	1,507

A new industry is likely to commence this year as Courtaulds are erecting a large factory on the north-western extremity of the town, where they propose to employ at least 4,000 hands in the manufacture of Artificial Silk.

The industrial nature of the town is well shewn by a reference to the rateable value of the houses, 85% of which fall below £15, and 60% at less than £10.

In the matter of amusement Wolverhampton is well catered for, there being 2 Theatres, 1 Music Hall, and 7 Picture Houses.

The 1921 Census returns shew that the three Wards in the Borough with the fewest rooms per person (i.e. the greatest overcrowding) were St. Matthew's, St. Mary's, and St. James' (St. Matthew's 0·81 rooms per person, St. Mary's 0·87, St. James' 0·90). This line of investigation affords a valuable indication of the amount of poor-class property in the district. The overcrowding is not so much due to the

prevalence of sub-letting as to the extremely small number of rooms per house. In these particular Wards the common type of house is one with a living room, a kitchen, and two bedrooms, all of very small dimensions. Corroborative evidence of the effect of this overcrowding on health is obtained by an examination of the Vital Statistics of each separate Ward. Whether one takes the mean of a period of years or the single figures for 1925 these three Wards give mortality figures which are considerably worse than those of any other Ward in the town. On present estimates the town of Wolverhampton is one of the five most densely populated County Boroughs in England and Wales, there being 30·7 persons per acre. This aggregation is all the more serious when it is remembered that at least 330 acres in the Borough consists of old pit mounds, etc., which are entirely unsuitable for building purposes.

VITAL STATISTICS.

(See Tables II to V).

A review of the Vital Statistics for the past five years shews that, apart from a very marked drop in the Birth Rate the general conditions shew but little change.

As regards infectious diseases the mortality from Scarlet Fever has declined considerably, whilst there has been a slight increase in that from Diphtheria.

The Death Rate of young children from Diarrhoea and Enteritis is an unsatisfactory feature of the survey. It is undoubtedly a slum problem and will only be controlled when all the courts and insanitary areas in the town have been swept away.

The most serious visitations of the period under review were the Influenza epidemics of 1922 and 1924, the former being the more serious one.

A summary of the chief Vital Statistics of each of the twelve Wards in the Borough during the past four years is given in Table III. Owing to the relatively small size of these areas the margin of error in the returns for any one year must be high, and a more reliable estimate is obtained by summarising the longer periods. With respect to this Table it should be pointed out that a fictitiously high Birth Rate is given to Park Ward owing to the Births at the Maternity Home and the Women's Hospital being counted in this district. It necessarily follows that the calculated Infant Mortality Rate for Park Ward is much lower than the actual one. It will be noted that the most unsatisfactory figures are to be found in the three Wards on the eastern extremity of the town. The influence of the density of the population on these figures is not specially marked except when considered in conjunction with the slum problem. When a Ward is densely populated and contains in addition one or more insanitary areas it is found that the mortality rates, especially those of infants and young children, are above the average.

During 1925 a total of 1,069 male, and 1,123 female Births were registered, including illegitimate births. After making the necessary corrections for transfers and removals the net total birth swas 2,087, corresponding to a Birth Rate of 19·2 per 1,000 population. Exactly

the same number of illegitimate births took place as in 1924, namely 67. It will be noticed that the Birth Rate has now reached a lower figure than any hitherto recorded. The provisional Birth Rate for the whole of England and Wales is given as 18·3 per 1,000 population, whilst that of the County Boroughs and great towns is 18·8.

As compared with the previous year there was a slight increase in the Death Rate of Wolverhampton in the year 1925. The net Death Rate of 12·2 per 1,000 population is exactly the same as that of England and Wales as a whole and of that of the County Boroughs and great towns. This year the Registrar General has supplied a factor of correction for the crude Death Rate of the larger towns, which factor makes allowance for correction of the varying age and sex distribution of each area, and thus allows of a more satisfactory comparison between towns of approximately the same size and character. The correction factor for Wolverhampton is 0·981, which reduces the standardized Death Rate to 11·9 per 1,000 population and produces a figure which makes a very satisfactory comparison with towns of an approximately similar size.

The total of Wolverhampton's deaths increased from 1,283 in 1924 to 1,326 in 1925, but it is difficult to discover any reason for this increase. There was a marked drop in the deaths from respiratory affections and Influenza, whilst those from the ordinary infectious diseases and from Pulmonary Tuberculosis were slightly more numerous. If an investigation is made into the ages at which death occurred it is found that there was a considerable increase in those in the age group 45 to 65 years.

Poor Law Relief.—I am indebted to the Clerk to the Guardians for the following information on the extent to which out-relief has been paid in the Borough of Wolverhampton during the past five years:—

Year		Ordinary out-relief (in money or kind)		Relief to unemployed (in money or kind)
1921	...	£15,344	...	£28,133
1922	...	£19,606	...	£35,129
1923	...	£22,202	...	£27,417
1924	...	£23,076	...	£15,010
1925	...	£23,124	...	£5,646

The last two figures in the last column are most significant of the steady increase in employment during the past two years. This is largely accounted for by the rapid extension of business in trades connected with the Motor industry.

Voluntary Hospitals.—The Wolverhampton and Staffordshire Hospital which is situated near the centre of the town caters very fully for the needs of the district and receives cases from a very wide radius. The volume of work undertaken is best illustrated by a reference to the cases treated. In 1925 there were 3,675 In-patients, and 30,295 Out-patients dealt with. The special departments of the Hospital include Ear, Nose and Throat; Radiology and Electrology; Pathology and Bacteriology; and Dental. There is a special Children's Ward in addition to the Medical and Surgical Wards.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The following summary is given in accordance with the instructions of the Ministry of Health :—

Hospitals provided or subsidized by the Local Authority.

- (1) **Tuberculosis.**—Wolverhampton is a member of the Staffordshire, Wolverhampton, and Dudley Joint Committee. This Committee have established Sanatoria at Prestwood, Himley, Kinver, Groundslow, and Yarnfield.
- (2) **Maternity.**—Wolverhampton Maternity Home (9 beds). Municipal cases admitted on payment of a fee of £2 2s. 0d. per patient per week.
- (3) **Children.**—There is no special Hospital provided for children in the area.
- (4) **Fever.**—The Wolverhampton Borough Fever Hospital (80 beds) which is situated at Green Lane receives cases of Scarlet Fever and Diphtheria.
- (5) **Small Pox.**—Wolverhampton is one of the constituents of the South Staffordshire Joint Small Pox Hospital Board. The Board's special Hospital (40 beds) is at Moxley, near Bilston.

- (6) **Voluntary Hospitals.**—The following Institutions situated within the Borough serve the needs of the inhabitants of Wolverhampton and of the districts in the immediate vicinity :—
 The Wolverhampton and Staffordshire Hospital (210 beds)
 The Wolverhampton and Midland Counties Eye Infirmary (50 beds)
 The Wolverhampton and District Hospital for Women (30 beds)
 The Queen Victoria Nursing Institution (22 beds).
 The Maternity Hospital and District Nursing Institution (9 beds)

(7) **Institutional Provision for unmarried Mothers :—**

The Legge Memorial Home, 89 North Road.

(8) **Institutional Provision for Homeless Children :—**

- (1) Royal Orphanage.
 (2) St. Jude's Orphanage.

(9) **Ambulance Facilities :—**

- (a) *For infectious cases* —1 Motor Ambulance at the Borough Fever Hospital.
 (b) *For non-infectious and accident cases.*—1 Police Ambulance.
 (c) 1 Ambulance at the General Hospital.

(10) **Clinics and Treatment Centres :—**

Name and situation	Accommodation	By whom provided
Child Welfare Centres :—		
(1) St. Paul's, Merridale Street	3 sessions a week	Local Authority
(2) St. James', Horseley Fields	3 „ „	„ „
(3) Cong. School, Stafford St.	2 „ „	„ „
Ante-Natal Clinic :—		
4 Salop Street	2 „ „	„ „
School Clinic :		
Education Offices, North St.	Open daily	„ „
Tuberculosis Dispensary :—		
Bell Street... ..	„ „	Joint Tuberculosis Committee

(11) **Public Health Officers of Local Authority :—**See page 3.

(12) **Professional Nursing in the Home :—**

- (a) *General.* None provided by Local Authority.
 There is a District Nursing Association in the town.

(b) The Wolverhampton Corporation have an arrangement for the District Nursing Association to undertake the Home Nursing of necessitous cases of Measles, Whooping Cough, and Summer Diarrhoea in children under school age on payment of a fee of 1/3 per visit. All such cases are referred by medical men in the area and approved by the Medical Officer of Health.

- (13) **Midwives.**—There are no municipal Midwives and no subsidized Midwives in the area, but the Local Authority refund a fee of £1 1s. to Midwives for cases which have been attended by them and which are proved to be unable to pay any part of the fee owing to poverty.

Fifty-five Midwives notified their intention to practise in the area during the year 1925.

- (14) **Chemical work.**—All work under this heading is carried out by the Public Analyst, as there is no Chemical Laboratory attached to the Health Department. A summary of the Analyst's report appears on page 72.

- (15) **Legislation in force.**—A list of the Local Acts, Bye-laws, etc., will be found on page 63.

Several new sanitary powers were obtained by the Wolverhampton Corporation Act, 1925. The following sections are of special interest :—

Section 79.—Food storage accommodation to be provided in new or existing dwelling houses.

Section 80.—Sink and accommodation for washing clothes in new and existing dwelling houses.

Section 90.—Restriction of attendance of children at Sunday Schools and places of assembly when an infectious disease prevails.

Section 91.—Power to close Sunday Schools to prevent the spread of disease.

Section 93.—Extended meaning of infectious disease for above two sections.

Section 103.—Sanitary regulations for premises where food is deposited for sale.

Section 105.—Registration of premises used for preparation of potted and preserved food.

Section 109.—Bye-laws as to conveyance of food in streets.

Section 112.—Conversion of existing waste water closets into flush water closets.

Section 113.—Bye-laws as to stables.

Section 115.—Power to acquire compulsorily and to maintain all the dust bins within the Borough and to levy an annual charge for their maintenance.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.—The Wolverhampton Corporation are the Water Authority for an area of about 92·7 square miles with a population of 182,250.

This area is given a daily supply of 4,317,000 gallons of water or 23·37 gallons per head.

The supplies are obtained from wells and borings at Cosford and Tettenhall, and from the River Worfe at Cosford. The normal daily quantity from each of these sources is as follows :—

Tettenhall Boreholes	...	1,500,000	gallons
River Worfe	...	1,000,000	„
Cosford Borings	..	2,200,000	„

The River Worfe water is subjected to rapid filtration and is then mixed with the supplies which have been pumped up from the borings in this situation. This water flows to reservoirs at Tettenhall which also receive the water pumped from the Tettenhall wells. From these reservoirs, which are capable of holding 16½ million gallons, the water flows by gravity to Wolverhampton.

There is a balancing reservoir at Goldthorn Hill, and a further reservoir is now in process of construction at Bushbury Hill which will supply Heath Town, Wednesfield, and the Low Hill Housing Estate.

During 1925 an investigation was made of the purity of the Cosford Brook water after filtration, in view of the possibilities of contamination of this stream. As a result recommendations were made to the Water Committee that this particular water should be subjected to continuous chlorination after leaving the filters. This process is now in operation and is giving satisfactory results.

The new borings at Dimmingsdale, from which it is hoped to obtain daily additional supplies of 3 million gallons, await test pumping experiments before the proposed pumping station is constructed.

The water supply to Wolverhampton is constant, and all houses in the Borough, except two, have a piped water supply. Many of the older dwellings use a common stand pipe either outside the houses or in the common washhouses, but the number of houses to one draw-off tap is being steadily reduced. At the end of 1925 there were only 18 cases in which there were more than 7 houses to one stand pipe.

No wells are in use for domestic purposes.

Rivers and Streams.—There are no rivers in the area, and only two small streams, namely, the Graiseley and Smestow Brooks. Neither of these has a dry weather flow exceeding 6" in depth. These two brook courses are periodically cleansed at the expense of the Corporation. The pollution that occurs is mainly due to refuse and garbage thrown in them by allotment holders in the neighbourhood. Further powers to deal with offences of this nature were obtained in the Wolverhampton Corporation Act 1925.

Drainage and Sewerage.—The whole of the sewers in the town are of sufficient size to meet present needs. With ordinary dry weather flow they do not run more than a quarter full. The sewer overflows are fixed at convenient positions from the main sewers and discharge into the brooks.

There are only 39 houses in the Borough not connected to sewers.

At the present time the sewage is dealt with at the Barnhurst Sewage Works on the irrigation system, preceded by precipitation with lime, but a change is contemplated in the near future to the Bio-Aeration method, and the first section of the plant for the purpose is now being installed.

Closet Accommodation.—At the end of 1925 the position with regard to Wolverhampton was as follows :—

Water Closets	...	...	15,068
Waste Water Closets	...	...	6,675
Privy Middens	...	...	8
Pail Closets	...	...	112

In 1914 there were approximately 10,000 Pail Closets in Wolverhampton. The comprehensive scheme for dealing with them, which was commenced in this year had to be suspended during the War period, and was finally completed in 1924.

Since 1921 the annual number of Pail Closets converted to Water Closets has been as follows :—

<u>1921</u>	<u>1922</u>	<u>1923</u>	<u>1924</u>
750	2859	1704	228

The total cost of this conversion scheme to the Corporation has been £43,400.

Now that the Pail Closet system has been abolished in the Borough the next step is to deal with the Waste Water Closets. These insanitary contrivances are peculiar to this part of the country and are of two types. In each type there is a container which fills with slop water from the house sink until it tips over and flushes the soil pipe. In one type (Day) the tipper is at the base of the closet pedestal, and in the other type (Duckett) it lies on the distal or house side of it.

Powers were obtained in the Wolverhampton Corporation Act 1925 to institute a scheme of compulsory conversion of these waste water closets into self flushing closets. During the past two years, however, a voluntary scheme has been in operation under which the Corporation paid a subsidy to any owner who carried out a satisfactory conversion from a waste water closet to a water closet. Under this voluntary scheme 175 W.W.Cs. have been converted during 1924-25.

Scavenging.—All house refuse, whether stored in bins or ashpits, is removed by the Cleansing Department at weekly intervals and conveyed to the depot at Crown Street where it is burnt in the destructor.

The relative number of bins and ashpits in 1925 and 1921 respectively is shewn in the following table :—

		December, 1925.		December, 1921.
Ashbins	...	18,799	...	10,857
Open Ashpits	...	22	...	} 5,919
Small covered Ashpits	...	2,105	...	
Miscellaneous	...	266	...	

The rapidity with which sanitary dustbins have replaced ashpits may be judged from the fact that in 1914 there were only 4,126 bins in the town. The number of houses for which movable bins have been substituted for fixed ashpits during the past five years has been as follows :—

Year.		Number of houses.
1921	...	2,428
1922	...	2,485
1923	...	2,025
1924	...	1,269
1925	...	606

SANITARY INSPECTION OF THE AREA.

The tabular statement of the Chief Sanitary Inspector as to the work carried out during the year 1925 will be found on page 66 of this Report. These Tables shew that the amount of routine work has been well carried out and that the number of defects discovered is slightly greater than in either of the two previous years. A total of 11,830 improvements were recorded as a result of the activity of this department, affecting 6,354 premises. In 36 instances it was necessary to appeal to the Justices in order to get the work done.

In the years immediately following the War the work of a Sanitary Inspector was peculiarly onerous because of the dilapidations to property arising during the War, and because of the high prices of labour and materials. A more normal state of affairs has now been regained; notices are more promptly complied with and the difficulties that have to be faced are slowly becoming less.

Further aspects of the work of the Sanitary Inspectors will be referred to under sections relating to Housing, Food, etc.

Smoke Abatement.—The aim of the department is to convince the factory owner that smoke means coal waste, and to get the stoker to realize that faulty stoking is mainly responsible for the issue of this smoke.

Numerous owners and stokers have been interviewed during 1925, and the service of a Statutory Notice has been authorised in two instances. No prosecutions became necessary. An Automatic Air Filter has been purchased by the department and records of the atmospheric pollution are being secured.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

Common Lodging Houses.—There are 7 registered Common Lodging Houses in the town with a total accommodation of 262 beds. All are kept in a satisfactory condition.

Houses Let-in-Lodgings.—There have been 257 premises registered under this designation, and these are inspected at intervals.

A very large number of cases have come to the knowledge of the Health Department where one or more rooms in the house have been let off to another family. It will be impossible to attempt to control this practice while the present housing shortage exists, but it has been found necessary to take action in cases of gross overcrowding as a result of this practice.

Offensive Trades.—The following is a list of the Offensive Trades carried on in Wolverhampton:—

Bone Boiler	...	...	1
Gut Scraper	...	...	2
Hide and Skin Dealer	...	...	2
Rag and Bone Dealer	...	...	5
Tripe Boiler	...	...	6
Fish Frying	...	...	87
Manure Manufacturer	...	...	1
Fat Melter	...	...	2

During the year the district sanitary inspectors paid 1,309 visits to the above premises. Three applications for a fish frying permit and one for a permit to boil tripe were refused during the year. One application for fat melting was sanctioned. Two summonses were issued against one person for establishing and continuing an offensive trade without previous sanction. Fines amounting to £3 and costs were imposed.

Last year the Health Committee adopted a certain guiding principle with regard to fresh applications for fish frying permits. This will eventually have the effect of abolishing this business from main thoroughfares and from residential areas.

Tents, Vans, and Sheds.—Although the Corporation have not adopted any Bye-laws to deal with these structures, they have obtained special powers under the Wolverhampton Corporation Act, 1925, which will prove useful in compelling the caravan dweller to remove from populous districts.

Rag Flock Act.—During the year 12 samples of various rag flocks were taken. One sample fell considerably below the permitted standard of impurity. A prosecution was in due course instituted but was dismissed on payment of the costs (£9 14s. 0d.)

Schools.—The School Medical Officer reports as follows:—

“All the Elementary Schools in the Borough are provided with trough closets. At two schools of the non elementary type separate pedestal water closets with flushing cisterns have been installed, *viz.*—Old Hall Street Intermediate School, and Municipal Secondary School, Newhampton Road.

In all cases efficient flushing is provided, the automatic principle being adopted for the trough closets.

The sanitary condition generally is satisfactory.

Lavatory wash basins are provided in all schools with an adequate water supply from draw-off taps to each basin.”

The School Medical Officer from time to time refers to the Health Department complaints regarding the environmental condition of children attending the Elementary Schools of the Borough. In this way instances of serious overcrowding have been discovered, as well as one or two cases of foul conditions in houses.

The Education Medical Service works in close co-operation with the Health Department as regards the control of infectious diseases, and valuable information as to the incidence of measles, chicken pox, etc., is obtained from the reports supplied by head teachers to the Education Authority and forwarded to the Health Department. Exclusion notices were sent out last year in respect of 2,649 scholars, of which 2,328 were on account of measles, and 255 scarlet fever. No schools or classes had to be closed during 1925 on account of the prevalence of infectious disease.

HOUSING.

(1.) **General Housing Conditions in the Area.**—The housing survey of 1919 was completed when there was great pressure of work in the department. A subsequent more detailed investigation has led to some modification of the figures in that report. It was found for instance that the actual number of houses in areas that were then scheduled for representation as unhealthy areas was considerably understated.

For its size Wolverhampton has a very high percentage of old working class property built during the middle of last century. The present estimate of 4,000 houses which require demolition is believed to be a conservative one. Save for the fact that the back-to-back houses were never a very marked feature of Wolverhampton there are probably few towns where there is so much old and insanitary property hidden in the depths of courts, alleys, in the back streets. It is certain that quite a number of Wolverhampton residents are totally unaware of the existence of some of the "folds" and passages in the older parts of the town.

Except for one locality near the centre of Wolverhampton the conditions referred to above are restricted to the eastern side of the town. The housing development of recent years has been to the north and south, where one finds a very decent kind of artisan dwelling.

In spite of the number of houses, both private and municipal, erected during the past five years, it is estimated that there is a housing shortage at the present time amounting to 2,670 houses. Since the 1921 census the population has increased by 4,800 persons and the housing programme already completed has therefore caught up with the normal growth of the town and is now steadily overhauling the deficiency caused by the absence of building during the War years.

The housing sites of the Corporation within the Borough are as follows:—Birches Barn, Gorsebrook Road, Green Lane, Newbridge, Parkfield Road, Sweetman Street, and Willenhall Road. The total capacity of these seven estates is 1,460 houses, of which 1,404 have already been erected.

Outside the Borough the Corporation have purchased estates at Barnhurst, Low Hill, Oxley, and Ox Barn. These estates will permit of the erection of 4,580 houses, of which 1,972 are already built or contracted for.

In 1919 the local estimate of the population of Wolverhampton was 96,280, whereas at the present time the estimate is 108,800. The natural increase of the population during these six years has been 6,541 persons, or approximately one half of the total increase. It is clear therefore that there has been a very considerable influx of population to the district, apart from the return of service men to their homes at the termination of hostilities.

Wolverhampton's industries are still expanding, and the advent of a branch of Messrs. Courtaulds' Works to the district is likely to attract further workpeople in the near future.

(2.) **Overcrowding.**—Reference has been made in previous reports to the gross amount of overcrowding coming to the knowledge of the Health Department. Careful investigations made in 1923 shewed that at least 10% of the houses in the Borough contain two families. Although the position has slightly improved during the past two years serious instances of overcrowding are being reported every week.

Undoubtedly the two main causes are the lack of building during the War, and the excess of immigration over emigration to the town during the post-war years.

Wolverhampton's housing programme reveals clearly the great effort that has already been made and is still being made to deal with this abnormal state of affairs. This effort cannot be allowed to slacken for several years to come if a really satisfactory position is to be attained. At the present time a very low working standard of room accommodation has to be taken in dealing with overcrowding. No case of this kind is reported unless the sleeping room accommodation fails to provide 300 cubic feet of air space for each adult (2 children under 10 reckoning as 1 adult), or in the case of a combined sleeping and living room 400 cubic feet per adult. Even with this low standard 160 cases of overcrowding were reported during 1925. In 78 cases this nuisance was abated as a result of the action of the Health Department. In some instances certain members of the family arranged to sleep out: in some instances tenants were offered Corporation houses, and in certain cases it was possible for the Health Department to offer an exchange of dwellings.

Special efforts were made to have the condition abated where there were young children in the family, or where any member was suffering from Tuberculosis. In the interest of the families themselves it was necessary to take proceedings before the Justices in two cases. It was found that the people were ready and willing to move from their confined and unhealthy quarters if they could possibly find some other accommodation at a reasonable rent. The difficulty in most instances was that a Corporation house was beyond their means.

(3.) **Fitness of Houses.**—Reference has already been made to the general housing conditions of the area and its relationship to the extraordinary growth of the town in the Nineteenth Century. There are at present 251 back-to-back houses and 530 "single" houses in existence. As these latter have no through ventilation from front to back, either by windows or doors, they are just as unhealthy as the back-to-back type.

The 1921 Census returns shew that 32% of the population were living in houses consisting of 4 rooms, and 48·4% of the population were living in houses consisting of 4 rooms or less. The families living in houses of 1, 2, or 3 rooms had increased from 12% in 1911 to 18% in 1921, whereas there had been a slight decrease in the families living in houses of 5 bedrooms or over during this same decade.

The general character of the defects found in unfit houses include dilapidated floors, walls, ceilings, and windows; dirty interiors, defective roofs and eaves spouting and stopped drains. These defects are usually due to the neglect of the owner. It is the experience of the Wolverhampton Health Department that property owners, with some few exceptions, neglect to put in hand the necessary repairs and cleansing of dwelling houses until pressed to do so by the Local Sanitary Authority. No real difficulties have been found in remedying unfit houses by procedure under the Public Health Acts, and all houses have therefore been dealt with on these lines in preference to any action under Section 3 of the Housing Act, 1925.

In view of the housing shortage it has hitherto been impossible to frame a comprehensive scheme for the closure and demolition of back-to-back or "single" houses, but these two types are steadily being reduced piecemeal as circumstances permit. Water supplies and closet accommodation, in so far as they affect houses, have already been dealt with under their respective headings. There are no tips for house refuse in the Borough.

(4.) **Unhealthy Areas.**—The improvement scheme in connection with the Faulkland Street Unhealthy Area is proceeding rapidly.

Already 200 houses have been erected or are in course of erection to rehouse displaced families, and of these 102 were let on December 31st, 1925.

At the end of the year 33 houses on the area had been totally demolished, 14 partly demolished, and a further 35 houses were void and awaiting demolition.

A very successful scheme has been instituted for transferring such families as cannot afford the rent of a Corporation house to dwellings of an intermediate type, on condition that the tenants of these latter houses are willing to take Corporation houses. It is largely owing to the co-operation of property owners that this method of transfer is proceeding so smoothly.

No further area has yet been represented, but details are now being collected for another slum clearance scheme.

(5.) **Bye-laws relating to Houses, Houses Let-in-Lodgings, and to Tents, Vans, Sheds.**—Further powers in respect of tents and vans were obtained in the Wolverhampton Corporation Act, 1925, Section 110. This section is considered to be superior to Section 43 of the Public Health Act, 1925.

The Local Regulations as regards Common Lodging Houses and Houses Let-in-Lodgings are in need of revision

INSPECTION AND SUPERVISION OF FOOD.

(a) **Milk Supply.**—There are only 6 Cowkeepers in the Borough possessing between them 66 cows. The cows and cowsheds are inspected every three months by the Corporation's Veterinary Officer. It will be realized from this statement that a very small proportion of the daily milk supplies of Wolverhampton are produced within the town itself.

A steady propaganda campaign in favour of Clean Milk is slowly producing its effect among the local farmers. Two big firms of milk distributors in the Borough are now having weekly bacteriological examinations made of the milk sent to them by each farmer. In one case a bonus is offered to the farmers supplying the cleanest milk each month, and in the other case the senders of grossly contaminated milk are struck off the list when contracts are renewed.

There is a big trade in bottled Sterilized Milk in Wolverhampton, and one or two enterprising firms are now supplying raw milk bottled at the farm.

* At the end of 1925 however there was no Grade "A" milk on sale.

No milk samples were examined for the presence of Tubercle Bacilli during 1925.

One Producer's licence was granted for Pasteurized milk during the year, and one Supplementary licence for milk Pasteurized in an adjoining district. In the former case, the apparatus is of the Holding type, and is named the "Enock Improved Milk Retarder." Although this apparatus seemed quite satisfactory and the test bacteriological examination of the treated milk gave good results, the average bacterial count of the routine samples taken after the licence had been granted was 170,000 organisms per cubic centimetre, becoming progressively higher. (This licence has now been revoked, 17/1/26).

During 1925 there were 92 persons registered as retailers of bottled milk, and 12 as retailers of loose milk.

* ("Grade A" Milk has been on sale since January, 1926).

Meat.—The Chief Sanitary Inspector is the Officer appointed under Part II of the Public Health Meat Regulations 1924, and all notices of intention to slaughter are sent to him at the Health Office.

The inspection of private slaughter houses and the examination of carcases of animals killed therein devolves upon the district Sanitary Inspectors.

The inspection of meat at the Public Abattoir is carried out by the Assistant Abattoir Superintendent, who is a qualified Meat Inspector.

Meat condemned at the Abattoir is sent each day to the Corporation Destructor. Meat seized or surrendered (see Table XXXV) at the private slaughter houses, or at butcher's shops, is disposed of in the same manner.

A scheme of meat marking has not yet been adopted.

When the Public Health Meat Regulations came into force a meeting of the local butchers and grocers was convened and your Medical Officer of Health explained the Regulations to them and asked for their co-operation in carrying them out. Generally speaking the butchers in the town have endeavoured to carry out the spirit of the Regulations, but certain difficulties have been experienced in dealing with some grocers who exposed ham and bacon in open windows fronting narrow and congested thoroughfares.

The Health Committee have drawn up and issued to butchers a printed notice requesting customers to refrain from handling meat, and this notice is being displayed in every butcher's shop in the district.

Certain butchers' stalls in the open market on Saturdays did not conform to the Regulations and in one case it was necessary to apply for a summons for contravention. As this was the first local case dealt with under the Regulations the defendant was dismissed on payment of costs.

Owing to the growth of Wolverhampton as a centre of trade and commerce, and to the active steps that the Council have taken to reduce the number of private slaughterhouses, the Municipal Abattoir is now quite inadequate to deal with the amount of slaughtering required.

Your Medical Officer of Health has recently accompanied members of the Markets Committee on visits of inspection to modern Abattoirs in two other towns of the United Kingdom, and has also supplied data giving the present and future requirements of Wolverhampton in regard to slaughtering accommodation.

Plans and specifications of a new Public Abattoir are now being prepared, as it is recognised that no amount of addition and reconstruction can render the present buildings satisfactory.

The 12 private slaughterhouses are all well managed and kept under close observation. A total of 2,514 visits was paid to them by the district sanitary inspectors during 1925. One licence was cancelled during the year.

Private Slaughterhouses.

		1920.	January, 1925.	December, 1925.
Registered	...	—	—	—
Licensed	...	25	13	12
Total	...	25	13	12

Details of other unsound food, seized or surrendered, appear on Table XXXV.

There are 72 Bakehouses in the Borough including one underground Bakehouse. The total number of visits paid to these premises during the year was 739.

In consequence of defective sanitary conditions of certain places used for the manufacture of Ice Cream further powers were obtained over this class of premises in the Local Act, 1925.

The Corporation also obtained powers to require the registration of premises used for the manufacture of Potted or Preserved Meat or Fish, and to make Bye-laws for securing the cleanliness and protection from contamination of food conveyed in streets.

Sale of Food and Drugs Act.—Table XXXVII deals with the various articles submitted to the Public Analyst during 1925. Out of 278 samples 17, or 6·1%, were reported not genuine.

Additional attention was paid to Milk during the year, and 107 samples of this commodity were examined. Most of the 15 samples reported as adulterated were unofficial ones, and in the remainder the findings did not warrant proceedings being taken.

Milk and Cream Regulations, 1912 and 1917.—A report on the administration of these Regulations is given in Table XXXVIII.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

Small Pox.—Although this disease was prevalent to some extent in adjacent areas during the latter part of 1922, there were no cases discovered in Wolverhampton. The possibility of an epidemic of mild Small Pox being mistaken for Chicken Pox was not lost sight of. A spot map was kept shewing the homes of all children absent from school on account of Chicken Pox, and the medical men in the district were all advised to be on the look out for cases of Small Pox. For the benefit of the general public notices were printed and articles inserted in the local press urging the importance of successful vaccination and re-vaccination for the prevention of Small Pox. Leaflets were also circulated through the medium of the Infant Welfare Centres.

No primary vaccinations or re-vaccinations were performed by the Medical Officer of Health under the Public Health (Small Pox Prevention) Regulations, 1917.

Scarlet Fever.—The year 1921 was a "peak" year in Scarlet Fever prevalence. As will be seen from Table XVII both the incidence and mortality from this disease have steadily declined since then.

The history of Scarlet Fever shews that epidemic waves of this disease succeed one another at fairly regular intervals and it must therefore be anticipated that there will be further extensive outbreaks when the susceptible child population is sufficiently large. There were 189 cases of Scarlet Fever notified in 1925, and 90% of these were isolated in hospital. Three cases subsequently proved not to be Scarlet Fever. No deaths occurred.

Further details of hospital cases are given under the work of that institution.

Diphtheria.—For the past 9 years both the incidence and fatality of Diphtheria in Wolverhampton have been well below the corresponding figures for England and Wales as a whole, as will be seen from Table XVIII. Last year the number of cases notified was again below the average, but unfortunately the mortality was a relatively high one.

A small but virulent epidemic of Diphtheria was discovered in Dunstall Ward towards the end of 1925. The first case to be notified, a boy attending Christ Church School, died at home on December 9th. A cousin of his was notified as suffering from Diphtheria on December 10th and removed to hospital. On the following day a little girl in the same class as the first case was reported to be suffering from Diphtheria but died just as the ambulance arrived to take her to hospital. The School Medical Officer thereupon undertook a careful examination of all the children in the Infants' Department at Christ Church, whilst the Assistant M.O.H. visited the families affected and swabbed all the contacts. Meanwhile two further cases of Diphtheria had been reported from the same district on December 14th and 15th. The combined enquiries mentioned above resulted in the discovery of two carrier cases, who were promptly removed to hospital for observation and isolation. This terminated the outbreak.

Diphtheria Antitoxin is supplied free on request to medical men for patients living in the town, and an antitoxin syringe can be loaned if required.

The Schick Test is made use of for purposes of diagnosis but no scheme of active immunization against Diphtheria on a large scale has yet been introduced.

Enteric Fever.—One case was notified. No deaths occurred.—(Table XVI).

Encephalitis Lethargica.—During 1925 there were 6 deaths from this disease, 3 of which had not been previously notified. The total number of cases notified was 6, but 1 case was subsequently cancelled. One of the non-fatal cases of this disease has now completely recovered, whilst the second, a school child, is still mentally irritable and retains a slight degree of ocular paralysis.

Pneumonia.—The practice of medical men with regard to the notification of Pneumonia varies considerably in spite of the explanatory circular which was sent out from this department two years ago. Some report only cases of Lobar Pneumonia, whilst others send in notifications of Broncho Pneumonia secondary to Whooping Cough or Measles. During the year there were 105 deaths in which the primary cause was given as Pneumonia, whilst the total notifications were only 94. From the point of view of notification the position is more satisfactory as regards Influenzal Pneumonia. In 1925 there were 42 cases of Influenzal Pneumonia notified and 41 deaths from Influenza and its complications, including Pneumonia and several other diseases. Every case of Pneumonia notified to the Health Department is reported on by a Health Visitor, and home nursing is provided where necessary under a voluntary arrangement with the District Nurses.

Disinfection.—On removal of a case of infectious disease to Hospital the personal attire and bedding of the patient are subject to steam disinfection, whilst the infected room or rooms are treated with formalin vapour (Table XI). If a patient is nursed at home this disinfection is carried out at the termination of the illness.

The Education Committee possess a small Cleansing Depot for verminous school children, but there is no Municipal provision of this kind for adults.

Borough Fever Hospital (Table XIV)—During the past four years this Institution has been considerably improved and the work reorganized.

The available beds number 80, distributed between two permanent blocks and two temporary blocks. By means of slight additions to the balcony of No. 2 block, this has been rendered capable of accommodating beds during all weathers. A balcony has also been erected in connection with each ward of No. 2 block.

The grounds of the Institution, which had been sadly neglected during the War period, have also received special attention and the main paths have been asphalted.

In January, 1924, it was decided to reserve blocks No. 2 and No. 4 for cases of Scarlet Fever, and to admit Diphtheria cases to No. 1 block. Previously all cases of Diphtheria had been treated in the Isolation

Ward of the General Hospital at the cost of the Corporation. This new arrangement has been quite successful; the nursing staff obtain wider experience in fever nursing; the Institution is run more economically because there is an increase in the average number of beds occupied; nor has there been any overcrowding of the Institution or any necessity to refuse admission to any case since this arrangement was started.

A thorough overhaul has been made of all the bedding and equipment at the Hospital as a result of which much has had to be condemned as worn out, and a considerable sum spent in renewals and repairs.

Last year the old hand Laundry was abolished and modern equipment substituted for it. A vertical boiler now supplies steam to the laundry and also to the disinfector, whilst the motive power to the various laundry appliances is electricity.

The lion's share of the work outlined above has fallen upon the Matron, and she has tackled it with the greatest zeal. Miss Borton accepted the post with a full understanding that there was a big task before her, and the results that she has achieved have amply justified her.

All Scarlet Fever cases admitted to the Borough Hospital after April, 1925, were Dick tested and, in the early stages of the disease nearly all gave a positive reaction, whereas during convalescence the early positives were in the majority of cases found to be negative. It is interesting to record that in one case there was apparently no immunity conferred after an undoubted attack of Scarlet Fever.

Towards the end of 1925 Scarlatinal Antistreptococcus Serum was used for the treatment of toxic cases of Scarlet Fever, and the results obtained were so encouraging that it is now being employed on a more extensive scale for all early cases.

During the last quarter of 1924 the Schick test was first made use of in Wolverhampton and has proved invaluable as a test for susceptibility and on occasions useful as an aid to diagnosis. It is now a standing rule that no member of the Borough Hospital staff is allowed on the Diphtheria wards unless found to be Schick Negative, or else actively immunised against the disease. Nearly the whole of the staff of the Health Department volunteered to be Schick tested, and the susceptibles requested to be actively immunised. 87 persons over 6 years of age were Schick tested and re-tested during 1925. Of these

22 were found to be positive, 62 were negative and 3 gave pseudo-reactions (1 was pseudo-positive and 2 pseudo negative). Ten out of the 23 found susceptible were actively immunised. The findings, among those under 6 years of age, were that 98% were positive.

The effect of active immunisation on adults is generally a good local reaction which consists of the arm becoming red and somewhat swollen, and in two cases only was there any general disturbance. Even this proved so slight as not to interfere with their ordinary duties.

Among children there was no general disturbance and apparently only a small percentage (about 20%) shew a slight local reaction of redness with hardly any swelling of the arm.

Cancer.—The mortality in this district from Cancer during the past five years has been as follows :—

	1921	1922	1923	1924	1925
Deaths per 1,000					
population ...	1.21	1.21	1.28	1.16	1.14

A great deal of publicity has been given to the early signs and symptoms of a cancerous growth, and the vital necessity of immediate treatment. Pamphlets giving advice on the subject were delivered at every house in Wolverhampton during the local effort in aid of the British Empire Cancer Campaign in 1924. The drop in the Cancer death rate during the past two years is only slight and there is no proof that it has been influenced by the recent publicity.

Tuberculosis (Tables VI to IX).—In Wolverhampton the death rate from Tuberculosis (all forms) has been steadily rising since 1922, and in 1925 it was 1.07 deaths per 1,000 population. This rise is almost entirely due to the deaths from Consumption of the Lungs or Respiratory Tuberculosis. Consumption is generally an insidious disease which has an incubation period of unknown length and a very variable duration. Sometimes cases are fatal a few weeks after the onset and sometimes they drag on for several years. It is safe to say that the tendency of a person to develop Consumption is increased by poverty and lack of food. The period of greatest industrial depression in this town, as well as the time when the housing shortage was most acute, was in 1921-22. The effects of this depression are being shewn in the

increasing Tuberculosis mortality of the past three years. With the steady development of Anti-Tuberculosis schemes and a return to a period of greater industrial prosperity one may reasonably anticipate that deaths from Consumption will once more decrease.

The number of cases of Tuberculosis notified at various ages and the number of deaths recorded will be found on Table VI. The death rate in Wards is given in Table IV.

Under the Public Health (Prevention of Tuberculosis) Regulations 1925 "No person who is aware that he is suffering from Tuberculosis of the Respiratory tract shall enter upon any employment or occupation in connection with a Dairy which would involve the milking of cows, the treatment of Milk, or the handling of vessels used for containing Milk." Any such person may be given written notice by the Local Authority to discontinue such employment. As no cases of this description have as yet come under notice it has not been necessary to take any action.

Wolverhampton is one of the constituent authorities of the Staffordshire, Wolverhampton and Dudley Joint Board for the treatment of Tuberculosis. The Board have a Tuberculosis Dispensary at Bell Street, Wolverhampton. A weekly return is sent by the Tuberculosis Officer to the Medical Officer of Health giving the diagnosis of all local cases attending the Dispensary and the form of treatment recommended—(see Table IX). The environmental conditions of all notified cases of Tuberculosis resident in Wolverhampton are enquired into by officers of the Local Sanitary Authority and a copy of the report is forwarded to the Chief Tuberculosis Officer, Bell Street Dispensary. A form is also sent each week containing the names and addresses of persons dying from Tuberculosis in the area. A list of any scholars who are Tuberculosis contacts is forwarded to the School Medical Officer at weekly intervals in order that they may be kept under special observation.

All further details in connection with the scheme of the Joint Board will be found in the report of the Medical Officer to that Board.

The efficiency, or otherwise, of the notification of Tuberculosis in the area is outlined in Table VII. It will be seen that 11% of the deaths from Respiratory Tuberculosis had not been previously notified nor had 53% of the deaths from other forms of the disease. In 60 of the 116 deaths which took place during the year the case had either not been notified at all or the interval elapsing between notification of death was less than three months.

VENEREAL DISEASES.

(Table XXXIX)

In 1918 the County Borough of Wolverhampton, together with the Counties of Staffordshire and Shropshire, arranged with the Board of Management of the Wolverhampton and Staffordshire General Hospital for a V.D. Treatment Centre to be established at that Institution. The hospital appointed a Specialist V.D. Officer, provided Clinic premises, and also agreed to set aside 4 beds for in-patients. A male orderly and a nurse were also appointed by the hospital, together with the part-time services of a dispenser and house surgeons as required. The Hospital Board also made arrangements for the necessary Pathological examinations to be carried out on the premises. The V.D. clinic is open every morning from 10 to 1, and there are also five afternoon sessions, some at 2 p.m. and some at 5 p.m., so that no person is prevented from attending by reason of inconvenient hours. Notices on enamelled plates setting forth the place and time for this treatment centre are posted up in the chief public lavatories of the town.

All medical men are supplied with special recommendation cards for V.D. patients to take to the hospital. These cards merely give the hours of attendance at hospital. The hospital porter can tell at once from their special design that the patient requires the special department, thus doing away with the necessity of any awkward enquiries by him.

Within a stone's throw of the hospital there is a hostel for women, particularly those of the rescue class, suffering from V.D. This Institution is maintained by the Diocesan Association and is managed by a Committee which includes representatives of the Local Authority sending in cases.

The number of new Wolverhampton cases attending the treatment centre has remained fairly steady during the past five years and is approximately 20 per month. There has, however, been a very satisfactory reduction in the percentage of "defaulters" during this period. In 1921 there were 54 such persons and in 1925 only 17.

It will be seen that the provision for dealing with the infected persons in the Borough of Wolverhampton is comprehensive in character and is working well in practice.

There are 17 Medical Practitioners in the area who have been granted permission to receive free supplies of Arsenobenzol Compounds, and these compounds were supplied for the private treatment of the 14 cases during the year 1925.

The Medical Officer of the Clinic is frequently consulted by Medical Practitioners regarding the diagnosis and treatment of V.D. cases under the Practitioner's care. Many cases are sent to the Clinic for diagnosis, the Medical Practitioner afterwards carrying out the treatment, regarding which the Medical Officer of the Clinic advises if required.

The facilities available for irrigation are ample. Irrigation is carried out forenoon, late afternoon and evening every day, Sunday excepted.

Practitioners availed themselves to the full extent of the facilities for Pathological examinations provided free under the scheme.

The propaganda films (a) "Damaged Goods" (b) "The Public Health Twins" were exhibited to a crowded audience at one of the local Picture Houses on the Sunday evening of Health Week, 1925, and the shewing was preceded by a short address by the Medical Officer of Health on the dangers of Venereal Disease. Apart from this no special lecture on this particular subject was given during the year under review.

MATERNITY AND CHILD WELFARE.

Midwives.—Over 75% of all Births occurring during the year were notified by midwives, the remainder being reported by doctors, parents, or nurses.

It was noted last year that there had been an increase in the number of cases in which a midwife sought for medical assistance. A further increase has to be recorded for 1925, when 43% of midwives cases required the services of a doctor (Table XXIV). A midwife has a definite set of rules to follow, and is neither expected nor allowed to take the responsibility for confinements which are other than normal ones. It is only by insisting that these rules are adhered to that risks can be reduced to a minimum and that the proper supervision of the midwives in an area can be ensured.

The Midwife who was reported to the Central Midwives Board at the end of 1924 for a serious breach of the Rules was placed on probation by this body for a period of six months. As the Local Authority were able to give satisfactory reports of her conduct at the end of this period she is still practising in the district. Three other midwives were interviewed by the Medical Officer of Health during the year for alleged breaches of the Regulations, and one of these was officially censured by the Local Supervising Authority.

Certain midwives run small Maternity Homes in their own houses, and from time to time receive one or two patients thereat. Maternity Homes of this type should certainly be licensed by the Local Authority after careful inspection, and any person receiving more patients at one time than the prescribed number should be severely dealt with. One of the fatal cases of Puerperal Septicæmia noted later on in this Report arose in an overcrowded Maternity Home of this nature.

The Corporation refund the fees of midwives attending cases which are proved on investigation to be unable to pay. Last year the total amount of fees thus paid was 71 guineas.

Infant Mortality.—The net births registered were practically the same as in 1924, namely 2,020 legitimate and 67 illegitimate.

The mortality rates of infants in comparison with those of the preceding year are as follows :—

	1924.	1925.
(a) Total Infant Mortality (Deaths under 1 year per 1,000 Births)	85	89
(b) Mortality of Legitimate Infants ...	84	87
(c) Mortality of Illegitimate Infants ...	119	134

Reviewing the deaths under 4 weeks of age (60% of which were due to premature birth) one finds that 38 of the remaining 97 under the age of 1 year were caused by Bronchitis or Pneumonia, and 21 by some form of Enteritis. Looking through the confidential reports on the homes in which these deaths occur it is very sad to note the frequency with which the remarks "dirty house," "unsatisfactory mother," and "neglect" appear. These are the types of homes where the advice of the Health Visitor is especially needed, but where it is least encouraged or heeded.

The neo-natal mortality figure (deaths under 4 weeks of age per 1,000 births) was 42·2 for the year 1925. This is the highest rate recorded during the 4 years under survey. In 52 of these cases the cause is given as Premature Birth, and 43 of these 52 babies did not survive the first two weeks of life. In the absence of definite evidence it is useless to speculate on the reasons of these premature births, and one can only suggest that the provision of adequate maternity hospital accommodation should prove extremely valuable. The joint scheme of two voluntary bodies in the town to erect a maternity hospital containing about 24 beds is proceeding slowly. The Local Authority would prefer to participate in this scheme rather than start a maternity home of their own, and are therefore taking no separate action for the present.

Maternal Mortality.—There were 3 deaths from Puerperal Fever during the year, and 1 from other accidents of child birth. This gives a maternal mortality of 2·0 per 1,000 births. The circumstances attending the death of any women in child birth are carefully investigated by one of the Assistant Medical Officers.

The number of still births notified in 1925 was 77, which represents a percentage of 3·5 to the live births. All still births occurring in the practice of a midwife are inquired into by the Superintendent of Midwives. In 6 of the 30 cases thus investigated the cause appeared to be complicated or obstructed labour. Serious congenital deformity was present in 4 cases, and the foetus was macerated in 11 instances. In only one case was the child stated to be premature.

Health Visiting.—In 1919 the staff consisted of 4 Health Visitors and a Lady Superintendent—the latter also acting as Inspector of Midwives. Owing to the rapid extension of the work the number of Health Visitors was increased to 6, and then to 7. Six of the Health Visitors have their own special district to visit. The seventh acts as relief, carries out minor treatment and dressings, and also visits special or urgent cases.

Details of the home visits paid are given on Table XXV. It is worthy of note that 21,168 visits were paid during 1925, being an increase of 3,024 over the previous year, and an increase of 13,021 over the year 1920.

It frequently happens that special attention is devoted both by mothers and by welfare workers to the young baby, and that the toddler is more or less left to look after himself, just at a time when his habits are being formed for good or ill, and when his physical needs are making great and increasing demands on the body. It is therefore satisfactory to note that 9,529 of the 21,168 visits were paid to children between 1 and 5 years of age. Besides visiting the homes each of the Health Visitors attend two Infant Welfare Clinics per week. In addition to this they have all devoted a large amount of extra time to the organization of concerts, debates, and lecture teas to the mothers in their own districts. This development of the Infant Welfare Scheme is becoming more and more popular and its success is undoubtedly due to the enthusiasm of the Health Visitors.

Infant Welfare Centres (Table XXVII).—The Maternity and Child Welfare Committee at present rent disused schoolrooms in three different parts of the town (north, east, and west) for use as Infant Welfare Centres. The East and West Centres are the busiest, and

three weekly sessions are held at each of these. The North Centre has not yet grown sufficiently large to warrant the provision of more than two weekly sessions. Although the total attendance of the children is practically the same as last year, the effect of the additional sessions at the East and West Centres has been to reduce the average attendance per session from 67 to 47 at Horseley Fields, and from 57 to 36 at Merridale Street. It is thus possible to devote more individual attention to the mothers and babies, and to maintain better order and general comfort.

The Council are now building a permanent Infant Welfare Centre on the east side of the town to replace the premises at present in use. This new building will have a central assembly hall, two consulting rooms, a waiting room, a clerks room, and a kitchen, together with the usual offices and an outside pram shed. It is expected that this building will be ready for use by September, 1926.

One of the two other centres is very ill adapted for the purpose for which it is used, and it is hoped to substitute more suitable premises in the near future.

The Corporation rent a house at No. 4, Salop Street, which is used for the Ante-Natal Clinic, for various meetings including the School for Mothers, and for minor dressings. One of the ground floor rooms serves as an office from which Dried Milk, Virol, etc., are distributed, whilst the upper floor has been fitted up as a furnished flat for three of the Health Visitors.

At the School for Mothers there were 48 sessions held during the year, and the total attendances were 663.

Ante-Natal Clinic.—Two weekly sessions are held with a Medical Officer in attendance at each. A total of 207 new cases attended during the year, and the average number present at each session was 11·2. From this Clinic suitable cases are recommended for admission to the Maternity Home. Last year 18 necessitous cases were sent in at the entire expense of the Corporation, and a part payment was made for 17 other cases. The Corporation also maintained 4 cases at the Mrs. Legge Memorial Home. This Home is intended for unmarried expectant mothers of previously respectable character, provided that they agree to stay for a period of at least 6 months.

Home Helps.—The Infant Welfare Department has a list of reliable women who will give daily help in the home during the mother's confinement and for ten days afterwards. The fee payable for the services of a Home Help varies with the means of the family, but the minimum fee is 7/6. Home Helps were supplied to 78 cases last year at a net cost to the Corporation of £83 8s. 9d.

Supplies of Milk.—Since the beginning of 1923 a free supply of dried milk through the Infant Welfare Department has replaced the issue of vouchers for raw milk or bottled sterilized milk. If the income scale falls below a certain amount mothers and babies who are regular attendants at the clinics are entitled to free milk in accordance with the conditions laid down by the Ministry of Health.

The dried milk is supplied in 20 oz. cartons, as it is found that this size when properly reconstituted provides the equivalent of 7 pints of liquid milk—one week's allowance in most cases. This dried milk is also sold at cost price to mothers who cannot afford to purchase from a retailer in the usual way.

With the decrease in unemployment the amount of free milk granted has been steadily getting less ever since the middle of 1922; and the present weekly issue is only one quarter of that granted three years ago. During 1925 there were 7,574 packets of dried milk supplied free, and 10,508 at cost price. In addition 728 pints of liquid milk were issued to special cases at the clinic doctor's request.

Dental Treatment.—This scheme has now been in operation a whole year and is proving a great boon. One session a week is held in the out-patient department at the Hospital for Women by arrangement with the Board of Management for that institution. Extractions are performed free of charge, but a definite scale of fees is laid down for artificial dentures or a general anæsthetic. In necessitous cases the Maternity and Child Welfare Committee remit a portion of the fee to be charged for artificial teeth and permit the patient to pay by weekly instalments. As soon as the woman has made her final payment the Dental Surgeon is notified that he may provide the teeth. A summary of the work of the Dental Clinic will be found on Table XXVIIA.

Baby Week.—"Baby Week" celebrations in 1925 were combined with those of "Health Week."

Each Health Visitor arranged for a tea for the mothers in her district, which was followed by an address or discussion on various topics.

Competitions were also held in connection with the poster entitled "How Mrs. John Bull reared an A.1. Family."

The first of a series of Smoking Concerts for Fathers was held at Horseley Fields Centre one evening during "Baby Week." Short addresses on health topics were introduced into the programme on this occasion and the meeting proved so popular that a series of further meetings for fathers was started at each centre, and was continued through the entire winter session. The fathers themselves generally selected a topic or debate which had to be something of public health interest. At the various centres the men attending formed themselves into a Committee who were responsible for the programme, and who organized Whist Drives and Jumble Sales in order to provide a fund in support of these Fathers' Smokers.

Puerperal Fever.—There were 14 cases of this disease notified, of which 13 were admitted to hospital, and there were 3 deaths. Medical men are encouraged to have all cases of Puerperal Sepsis removed to the General Hospital, and the cost of their maintenance is defrayed by the Local Authority. All the fatal cases were in multi-parae; two were doctors' cases, and the third was delivered by a midwife. In the last-mentioned labour was apparently normal, but a grave septicæmic condition shortly supervened. One of the fatal cases was contracted in a "private maternity home" where another patient was simultaneously being nursed who was afterwards discovered to be suffering from Puerperal Sepsis.

Ophthalmia Neonatorum.—Midwives are strictly impressed with the necessity of obtaining medical advice in any case of discharge from the eye, however slight, consequently there are a large number of cases reported, though only a very small proportion of them are due to the Gonococcus. Full particulars are given in Table XXVIII, from which it will be seen that 37 cases were notified but that there was only one bad result, and in this case the baby unfortunately lost the sight of both eyes.

Measles.—Every notified case of Measles reported from the Education Department is visited by a Sanitary Inspector who ascertains the names and ages of all the other inmates in the house. Exclusion notices for the patient and for susceptible contacts are then sent by the Medical Officer of Health to the parent and the Head Teacher.

Severe and necessitous cases of Measles in children under school age can be referred to the District Nursing Association for home nursing at the cost of the Corporation.

During the past 5 years the deaths from Measles have been as follows :—

1921.	1922.	1923.	1924.	1925.
Nil.	10	26	7	7

Whooping Cough.—(See Table XIX). The high mortality from this complaint of childhood is largely due to the ignorance of parents as to its dangers. Frequently no special care is given to a sufferer from Whooping Cough until serious lung complications have set in, and this combined with hot, stuffy, ill-ventilated and overcrowded rooms frequently prove fatal. Although home nursing can be granted for necessitous cases this facility is not used sufficiently. Hospital isolation treatment should prove extremely beneficial for these serious cases of Whooping Cough.

Epidemic Diarrhœa.—During 1925 there were 23 deaths of young children from this disease (Table XXII). Seventeen of these deaths took place in the months of August and September, although there was no real epidemic of Enteritis at this time. Several of the homes where these deaths occurred were reported to be unsatisfactory from the point of view of cleanliness, and in certain other cases the child was stated to have been wrongly fed.

TABLE I.

	Mean Pressure of Barometer, Station Level	Sea Level	Mean Relative Humidity	Mean of Max. and Min. Temp.	Mean undergrnd. Temp.		Absolute Extremes of Temperature			Direction of Wind								Total Rain- fall. In.	
					1 ft.	4 ft.	High- est	Date	Low- est	Date	N.	N.E.	E.	S.E.	S.	S.W.	W.		N.W.
January	29.665	30.125	88	40.5	41.4	44.7	54.2	2nd	27.5	25th	...	1	...	2	...	20	1	7	1.96
Feb.	29.127	29.628	83	40.5	41.4	44.3	54.8	10th	28.5	20th	1	...	...	1	2	16	2	6	4.17
March	29.672	30.177	88	39.5	41.1	43.6	56.2	16th	24.0	22nd	1	8	...	2	...	3	2	15	.95
April	29.329	29.833	76	44.6	44.9	45.1	63.2	8th	30.5	4th	2	5	1	1	...	9	2	10	1.91
May	29.329	29.814	79	55.2	53.8	47.6	70.2	15th	29.5	1st	1	...	...	5	2	14	6	3	3.44
June	29.660	30.117	74	58.5	58.5	52.8	85.0	10th	41.2	25th	2	7	1	4	...	4	2	10	.16
July	29.453	29.897	78	62.5	61.5	55.0	85.8	22nd	47.8	8th	1	5	...	6	...	8	1	10	3.46
August	29.415	29.869	83	59.4	60.3	56.5	77.2	17th	46.8	3rd	2	3	...	5	1	13	1	6	3.92
Sept.	29.513	29.981	86	52.2	54.8	55.5	66.2	30th	35.5	13th	3	2	...	...	1	12	1	11	4.00
Oct.	29.397	29.875	91	50.3	51.7	55.1	67.2	3rd	30.8	9th	3	7	...	4	...	10	...	7	3.72
Nov.	29.444	29.953	90	36.9	43.3	49.4	56.8	2nd	21.2	14th	5	5	2	11	...	4	...	3	1.88
Dec.	29.238	29.868	84	36.2	37.8	44.2	51.2	8th	22.0	4th	...	5	...	6	...	8	...	12	2.25

TABLE II.

VITAL STATISTICS DURING 1925 AND 9 PREVIOUS YEARS

Year. 1.	Population to middle of each year. 2.	BIRTHS. Net.		DEATHS BELONGING TO THE DISTRICT.				Total Deaths in Public Insti- tutions in the District. 2.	Deaths of Non-Residents in the District 3.	Deaths of Residents occurring outside the District. 4.	Total Deaths registered in the District.	
		No. 3 & 4.	Rate. 5.	Under 1 year of age		At all ages					No. 6.	Rate. 7.
				No. 10.	Rate per 1,000 Births 11.	No. 12.	Rate 13.					
1916	93,023	2,298	22.9	238	104	1,391	15.0	289	179	207	1,363	14.6
1917	93,037	2,009	19.4	165	82	1,272	13.7	294	184	199	1,257	13.5
1918	92,017	2,095	20.3	202	97	1,692	18.4	344	215	233	1,674	18.2
1919	98,403	2,137	20.2	214	102	1,541	15.4	326	199	224	1,516	15.4
1920	102,324	2,904	28.3	253	87	1,287	12.6	310	199	188	1,298	12.7
1921	104,000	2,591	24.9	228	88	1,255	12.1	343	216	198	1,273	12.2
1922	105,700	2,314	22.0	193	83	1,330	12.6	362	239	264	1,310	12.4
1923	106,700	2,277	21.4	173	76	1,250	11.7	410	277	219	1,308	12.3
1924	108,200	2,101	19.4	178	85	1,283	11.9	416	280	256	1,307	12.1
1925	108,800	2,087	19.2	185	89	1,326	12.2	481	332	270	1,389	12.8

AREA OF DISTRICT IN ACRES, 3,525.

Institutions within the Borough receiving sick and infirm persons from without the Borough :—

The Wolverhampton and Staffordshire Hospital; The Wolverhampton Borough Hospital; The Wolverhampton and Midland Counties Eye Infirmary; The Wolverhampton and District Hospital for Women; The Queen Victoria Nursing Institution.

TABLE III.

VITAL STATISTICS IN WARDS (4 years average), 1922 to 1925.

WARD	Population, 1925	Density, 1921	Birth Rate	Death Rate	Infant Mortality Rate	Diarrhoea Death Rate per 1,000 Births	Respiratory Tuberculosis Death Rate	Tuberculosis (all forms) Death Rate	Death Rate from Respiratory diseases, including Phthisis
St. Peter	6858	55.0	19.6	13.3	84	3.66	1.00	1.22	2.86
St. Mary	9433	29.4	21.2	13.1	116	17.63	0.83	1.01	3.23
St. James	7676	28.1	27.3	13.9	86	22.11	1.28	1.48	3.62
St. Matthew	9238	23.0	27.8	14.7	131	22.59	0.98	1.17	4.51
St. George	11802	25.0	24.8	12.6	76	3.51	0.74	0.92	3.16
St. John	7579	74.0	22.0	13.2	95	4.53	0.90	1.03	2.66
Blakenhall	10771	34.7	14.3	9.1	74	6.54	0.73	0.89	1.72
Graiseley	12195	37.1	18.4	10.5	72	2.37	0.92	1.15	2.02
Merridale	6305	19.8	14.5	12.0	80	11.02	0.59	0.72	1.92
St. Mark	6726	21.5	16.7	13.7	78	11.11	0.74	0.82	2.71
Park	9406	25.0	25.0	10.6	29	3.21	0.40	0.51	1.82
Dunstall	10811	26.5	14.1	10.5	70	11.61	0.42	0.63	1.94
Borough	108,800	29.0	20.4	12.1	83	10.14	0.78	0.95	2.67

VITAL STATISTICS DURING 1925, IN WARDS.

WARD	Adjusted Population	Net Births	Birth Rate	Net Deaths	Death Rate	Deaths under 1 year	Infant Mortality	Deaths from Diarrhoea under 2 years	Diarrhoea Death Rate per 1,000 Births	Deaths from Phthisis	Rate	Deaths from Tuberculosis all forms	Rate	Deaths from Respiratory diseases, excluding Phthisis	Rate
St. Peter ...	6858	119	17.4	91	13.3	8	67	1	8.40	7	1.02	7	1.02	15	2.19
St. Mary ...	9433	183	19.4	120	12.7	22	120	5	27.32	9	0.95	10	1.06	29	3.07
St. James ...	7676	235	30.6	117	15.2	23	98	7	21.28	13	1.69	15	1.95	22	2.86
St. Matthew	9238	212	22.9	134	14.5	29	137	7	33.01	11	1.19	12	1.30	45	4.87
St. George...	11802	278	23.6	134	11.4	18	65	...	...	9	0.76	11	0.93	33	2.80
St. John ...	7579	145	19.1	100	13.2	16	110	...	...	10	1.32	11	1.45	14	1.85
Blakenhall...	10771	118	11.0	119	11.0	12	102	1	8.47	11	1.02	12	1.11	22	2.04
Graiseley ...	12195	197	16.2	138	11.3	20	102	...	...	12	0.98	18	1.48	25	2.05
Merridale ...	6305	69	10.9	70	11.1	8	116	...	...	5	0.79	5	0.79	3	0.48
St. Mark ...	6726	121	18.0	85	12.6	9	74	...	...	4	0.59	4	0.59	15	2.23
Park ...	9406	272	28.9	103	11.0	11	40	1	3.68	3	0.32	4	0.43	14	1.49
Dunstall ...	10811	138	12.8	115	10.6	9	65	1	7.25	5	0.46	7	0.65	18	1.66
Borough ...	108,800	2087	19.2	1326	12.2	185	89	23	11.02	99	0.91	116	1.07	255	2.34

TABLE IV.

TABLE V.

CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1925.

CAUSES OF DEATH.		Net Deaths at the subjoined ages of Residents within the Borough.									Total Deaths in Institutions in the district
		All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
All causes	Certified ...	1323	183	52	37	29	55	151	352	464	481
	Uncertified ...	3	2	...	...	...	...	...	...	1	...
Enteric Fever ...	...	...	...	...	...	...	...	...	...	...	1
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	7	1	3	1	2	...	...	...	...	1
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	3
Whooping Cough...	...	16	7	7	2	...	...	...	...	...	...
Diphtheria and Croup ...	...	7	...	...	1	6	...	...	...	...	12
Influenza ...	...	41	2	3	1	3	1	3	12	16	...
Erysipelas ...	...	6	1	...	...	1	...	...	3	1	3
Phthisis (Pulmonary Tuberculosis)	...	99	...	...	...	1	18	52	25	3	5
Tuberculous Meningitis ...	...	9	2	3	2	2	...	...	...	...	4
Other Tuberculous Diseases	...	8	...	...	2	...	1	4	1	...	4
Cancer, malignant disease	...	124	...	...	...	...	...	7	60	57	42
Rheumatic Fever...	...	6	...	...	...	2	1	1	2	...	7
Meningitis ...	...	10	...	1	3	2	3	1	...	...	15
Organic Heart Disease ...	...	124	...	...	...	...	1	8	49	66	7
Bronchitis ...	...	136	23	8	5	...	...	8	33	59	2
Pneumonia (all forms) ...	...	105	15	21	8	2	4	15	26	14	43
Other diseases of respiratory organs	...	16	...	2	...	...	...	2	6	6	7
Diarrhoea and Enteritis ...	...	23	22	1	...	...	...	...	...	...	11
Appendicitis ...	...	7	...	...	...	...	1	5	1	...	25
Cirrhosis of Liver ...	...	4	...	...	...	...	...	...	4	...	1
Alcoholism ...	...	2	...	...	...	...	...	1	1	...	1
Nephritis and Bright's Disease ...	...	33	1	...	...	...	4	4	11	13	18
Puerperal Fever ...	...	3	...	...	...	...	1	2	...	...	6
Other accidents and diseases of Pregnancy and Parturition...	...	1	...	...	...	...	...	1	...	...	6
Congenital Debility and Malformation, including Premature Birth ...	...	87	86	1	...	...	...	...	...	...	12
Violent Deaths, excluding Suicide ...	...	34	3	1	4	3	5	2	5	11	60
Suicide ...	...	13	...	...	...	...	...	6	6	1	3
Other Defined Diseases	...	400	20	1	7	5	15	29	105	218	178
Diseases ill-defined or unknown ...	...	5	2	...	1	...	...	...	2	...	4
Totals ...	...	1326	185	52	37	29	55	151	352	465	481

TABLE VI.
TUBERCULOSIS, YEAR 1925.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0—1	...	...	...	...	...	...	1	1
1—5	3	...	3	3	...	...	5	2
5—10	10	6	2	4	...	...	...	1
10—15	1	5	...	2	...	1	...	1
15—20	12	5	...	3	3	2	1	...
20—25	13	16	...	...	7	6	...	...
25—35	13	17	...	1	13	12	...	1
35—45	21	8	...	1	18	9	3	...
45—55	19	4	...	...	13	5	...	1
55—65	3	2	...	...	4	3	...	...
65 & upwards	2	...	...	...	1	2	...	...
TOTALS ...	97	63	5	14	59	40	10	7

TABLE VII.

Interval elapsing between date of notification and date of death.

	Not notified	Under 1 week	1—4 weeks	4—12 weeks	3—6 months	6—12 months	1—2 years	2—3 years	Over 3 years	Total Deaths
Pulmonary—Males ...	6	7	2	2	4	11	7	2	12	59
Pulmonary—Females...	5	5	4	7	1	2	8	1	7	40
Non-Pulmonary—Males ...	7	2	...	...	...	...	...	...	1	10
Non-Pulmonary—Females ...	2	3	2	...	...	...	...	...	...	7
Totals ...	20	17	8	15	5	13	15	3	20	116

TABLE VIII. TUBERCULOSIS, 1925.

	Pulmonary	Non-Pulmonary	Total
Cases notified	160	19	179
Cases re-notified	97	2	99
Cases admitted to Institutions :			
Sanatoria... ..	99	1	100
Kinver Hospital ...	26	...	26
Poor Law Infirmary	6	...	6
Other Institutions ...	4	3	7
Cases discharged from Institutions :			
Sanatoria... ..	105	...	105
Kinver Hospital ...	23	...	23
Poor Law Infirmary	1	...	1
Other Institutions ...	8	3	11
First visits to homes by Inspectors	160	19	179
Number of Deaths ...	99	17	116

TABLE IX. NEW CASES ATTENDING T.B. DISPENSARY.

	Pulmonary	Non-Pulmonary	Total
Recommended for :			
Dispensary Treatment ...	20	2	22
Domiciliary	15	...	15
Hospitals... ..	21	...	21
Sanatorium	56	...	56
Totals	112	2	114

TABLE X. ZYMOTIC DISEASES, 1925.

Notifiable Disease.	Notified.	Admitted to Hospital.	Deaths in Hospital.	Deaths at home of cases previously notified
Small Pox ... ..	...	...	...	...
Diphtheria	48	42	4	2
Scarlet Fever	189*	171	...	...
Enteric Fever	1	1	...	...
Puerperal Fever	14	13	3	...
Erysipelas	31	9	3	...
Ophthalmia Neonatorum	37	2	...	...
CerebroSpinal Meningitis	1	1	...	...
Encephalitis Lethargica	6†	4	1	2
Malaria ... ..	...	...	...	...
Primary Pneumonia	94	13	1	16
Influenzal Pneumonia	42	3	...	6
Acute Poliomyelitis ... ..	...	...	...	...
Others ... ..	...	...	...	...

* 3 of these proved not to be Scarlet Fever.

† 1 " " " " Encephalitis Lethargica..

TABLE XI. DISINFECTION.

Number of rooms disinfected with Formalin 394

Number of rooms sprayed 256

2 Pavilions, 2 Ambulances, 2 Shelters, and 1 Taxi.

Articles disinfected by steam :—

Blankets - 394. Sheets - 244. Quilts - - - - 192

Pillow Cases 228. Rugs - - 16. Dresses and Suits 256

Pillows - - 150. Mattresses 128. — Miscellaneous - - 3295

Total - 4,903.

Library books fumigated 223

TABLE XII. INFECTIOUS DISEASES, YEAR 1925.

Age periods.	NUMBER OF NOTIFICATIONS.														Total cases notified.	Admitted to hospital.	DEATHS.											Total Deaths.
	0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 & Up.	0-1	1-2			2-3	3-4	4-5	5-10	10-15	15-20	20-35	25-45	45-65	65 & Up.		
Diphtheria ...	1	...	1	...	3	18	4	8	9	1	3	...	48	42	6	7		
Scarlet Fever ...	1	...	3	10	12	75	55	21	10	1	1	...	189	171	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	...	...	...	...	...	...	...	2	11	1	...	...	14	13	...	...	...	...	...	...	3	...	...	...	3
Erysipelas ...	...	...	...	...	...	...	1	1	9	7	9	4	31	9	1	...	...	...	...	1	...	...	3	1	6
Ophthalmia Neonatorum ...	37	...	...	...	...	...	...	...	...	...	...	...	37	2	...	...	...	...	...	...	...	...	...	...	...
Primary Pneumonia ...	1	5	2	3	4	16	10	8	17	12	11	5	94	13	15	21	3	4	1	2	...	9	10	26	14	105		
Influenzal Pneumonia ...	1	1	1	4	...	2	2	6	11	4	7	3	42	3	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica ...	...	...	...	...	...	2	1	2	...	1	...	...	6	4	...	...	...	...	1	1	2	...	1	...	6
Cerebro Spinal Fever ...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	41	6	7	17	19	114	73	48	67	28	31	12	463	259	16	21	4	4	1	9	2	1	10	30	15	127		

TABLE XIII.

Ward	Diphtheria	Scarlet Fever	Enteric Fever	Puerperal Fever	Erysipelas	Ophthalmia Neonatorum	Primary Pneumonia	Influenzal Pneumonia	Encephalitis Lethargica	Cerebro Spinal Fever
St. Peter	3	15	1	3	3	2	2	2	..	..
St. Mary	3	24	..	..	3	4	10	2	1	..
St. James	1	18	..	3	5	8	9	5	2	..
St. Matthew	5	10	..	3	1	9	19	4	..	..
St. George	10	11	..	1	2	5	18	4	..	..
St. John	2	17	..	1	2	2	2	5	..	..
Blakenhall	3	20	..	..	4	..	16	5	1	..
Graiseley	4	26	..	3	2	1	1	5	1	1
Merridale	1	9	..	..	1	..	6	2	..	..
St. Mark	1	8	..	..	..	1	2	1	..	..
Park	5	15	..	..	2	4	4	2	1	..
Dunstall	10	16	..	..	6	1	5	5	..	..
Borough ...	48	189	1	14	31	37	94	42	6	1

TABLE XIV.

BOROUGH INFECTIOUS HOSPITAL

	Scarlet Fever.	Diph- theria.	Other Diseases.	Total.
Cases in Hospital on January 3rd, 1925	54	10	—	64
Total cases admitted during year ...	198	42	3	243
Cases admitted from outside districts	27	5	—	32
Cases wrongly diagnosed	6	3	—	9
Mild and uncomplicated cases	85	19	—	104
Severe and septic cases	113	20	—	133
Complications :—				
Adenitis	15	1	—	16
Otitis Media	28	2	—	30
Nephritis	10	8	—	18
Rhinitis	28	4	—	32
Scarlatinal Rheumatism	6	—	—	6
Intercurrent diseases (e.g. Bronchitis) etc.	12	2	—	14
Cardiac	4	2	—	6
Laryngeal	—	—	—	—
Miscellaneous	7	1	—	8
Number of Operations performed :—				
Minor Operations	5	1	—	6
Major	—	—	—	—
Number of Deaths	3	2	—	5
Total cases discharged during the year	224	38	—	262
Average duration of treatment ... ..	...	...	47 days	
Average number of beds occupied ... ..	...	...	31.7	
Cases in Hospital, January 2nd, 1926	25	12	3	40

The above figures refer to all cases admitted to the Borough Hospital and not solely to Wolverhampton ones.

TABLE XV.

SCARLET FEVER.
Relation of Overcrowding to Incidence.

	No. of Houses.	Total Occupants.	Persons per Room.	No. of Susceptible persons under 15.	Recurrences.	% of Recurrences.
A.—Cases removed to Hospital ...	37	159	Less than 1 person per room	22	1	4.5%
	107	648	1—2 persons per room	183	10	5.5%
	23	189	More than 2 persons per room	73	4	5.5%
B.—Cases nursed at home ...	17	85	Less than 1 person per room	10	—	Nil.
	1	7	1—2 persons per room	3	—	Nil.
	—	—	More than 2 persons per room	—	—	Nil.

TABLE XVI. ENTERIC FEVER.

Year	Cases	Deaths	Death Rate per 1,000 population	
			WOLVERHAMPTON	England & Wales
1916	3	...	...	0·03
1917	2	...	...	0·03
1918	...	...	...	0·03
1919	...	...	...	0·01
1920	2	..	...	0·01
1921	4	..	...	0·02
1922	7	4	0·04	0·01
1923	4	..	...	0·01
1924	3	..	...	0·01
1925	1	...	..	0·01

TABLE XVII. SCARLET FEVER.

Year	Cases	Deaths	Death Rate per 1,000 population	
			WOLVERHAMPTON	England & Wales
1916	153	3	0·03	0·04
1917	286	5	0·05	0·02
1918	183	5	0·05	0·03
1919	151	4	0·04	0·03
1920	284	7	0·07	0·04
1921	388	7	0·07	0·03
1922	340	6	0·06	0·04
1923	194	2	0·02	0·03
1924	163	1	0·01	0·02
1925	189	...	..	0·03

TABLE XVIII. DIPHTHERIA.

Year	Cases	Deaths	Death Rate per 1,000 population	
			WOLVERHAMPTON	England & Wales
1916	125	17	0·18	0·14
1917	56	7	0·08	0·13
1918	56	5	0·05	0·14
1919	56	2	0·02	0·13
1920	49	3	0·03	0·15
1921	43	3	0·03	0·12
1922	29	2	0·02	0·11
1923	55	2	0·02	0·07
1924	58	5	0·05	0·06
1925	48	7	0·06	0·07

TABLE XIX. WHOOPING COUGH.

Year.	Deaths.	Death Rate per 1,000 population.	
		WOLVERHAMPTON.	England and Wales.
1916	15	0·16	0·16
1917	18	0·19	0·13
1918	14	0·15	0·29
1919	9	0·09	0·07
1920	21	0·21	0·11
1921	7	0·07	0·12
1922	22	0·21	0·16
1923	8	0·08	0·10
1924	11	0·10	0·10
1925	16	0·15	0·15

TABLE XX. BACTERIOLOGICAL EXAMINATIONS 1925.

	Positive.	Negative.	Total.
For Diphtheria Bacilli.			
Swabs ..	71	808	879
For Tubercle Bacilli.			
Sputum	19	83	102
Others	1	6	7
Totals	91	897	988

TABLE XXI.

DEATHS UNDER 1 YEAR, ARRANGED ACCORDING TO WEEKS AND MONTHS.

CAUSE OF DEATH.		Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 year
All Causes {	Certified ...	56	10	11	10	87	25	23	26	22	183
	Uncertified ...	...	1	...	...	1	...	1	...	...	2
Small Pox ... ..		...	...	...	...	...	...	...	...	...	...
Chicken-Pox ... ..		...	...	...	...	...	...	...	...	...	...
Measles ... ..		...	...	...	...	...	...	...	1	...	1
Scarlet Fever ... ..		...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..		...	...	...	1	1	3	2	1	...	7
Diphtheria and Croup ... ..		...	...	...	...	...	...	...	...	...	...
Influenza ... ..		...	...	...	...	...	...	...	2	...	2
Erysipelas ... ..		...	...	...	...	...	...	...	1	...	1
{ Tuberculous Meningitis ... ..		...	...	...	...	...	...	1	...	1	2
{ Abdominal Tuberculosis ... ..		...	...	...	...	...	...	...	...	...	...
{ Other Tuberculous Diseases ... ..		...	...	...	...	...	...	...	...	...	...
Meningitis (not tuberculous) ... ..		...	...	...	...	...	...	...	...	...	...
Convulsions		2	1	...	1	4	1	...	1	...	6
Laryngitis ... ..		...	...	...	...	...	...	...	...	...	...
Bronchitis ... ..		...	...	...	3	3	5	6	4	5	23
Pneumonia (all forms) ... ..		...	1	...	...	1	...	4	4	6	15
{ Diarrhoea ... ..		...	...	...	...	...	...	...	1	...	1
{ Enteritis ... ..		...	1	1	...	2	4	3	8	4	21
Gastritis ... ..		...	...	...	1	1	...	...	...	...	1
Syphilis ... ..		...	...	...	...	...	...	...	...	1	1
Rickets ... ..		...	...	...	...	...	...	...	...	...	...
Suffocation (overlying) ... ..		...	...	...	1	1	1	...	...	...	2
Injury at birth ... ..		...	...	...	...	...	...	...	...	...	...
Atelectasis		2	...	...	...	2	1	...	...	...	3
{ Congenital Malformations		1	1	4	...	6	2	1	1	...	10
{ Premature Birth		43	5	3	2	53	2	2	...	...	57
{ Atrophy, Debility and Marasmus		4	2	2	1	9	5	4	1	...	19
Other Causes		4	...	1	...	5	1	1	1	5	13
Totals		56	11	11	10	88	25	24	26	22	185

TABLE XXII. DIARRHŒA AND ENTERITIS.

Year.	Deaths under 2 years.	Death Rate per 1,000 births.	
		Wolverhampton.	England and Wales.
1916	57	24·80	13·09
1917	23	11·45	12·80
1918	22	10·58	11·66
1919	42	19·65	10·22
1920	21	7·23	8·89
1921	60	23·15	15·50
1922	15	6·48	6·20
1923	31	13·61	7·70
1924	20	9·52	7·30
1925	23	11·02	8·40

TABLE XXIII.

MIDWIVES.

No. of midwives on Register	...	...	55
No. of trained midwives working independently	...	...	23
No. of trained midwives in institutions	...	...	19
No. of untrained midwives working independently	...	...	13

NOTIFICATIONS RECEIVED FROM MIDWIVES.

(a) Of sending for medical assistance	...	...	625
(b) Of still births	...	...	27
(c) Of proposal to substitute artificial feeding	...	...	37
(d) Of being a source of infection.	...	...	27

WORK OF THE SUPERINTENDENT OF MIDWIVES.

(a) No. of routine visits to midwives	...	...	295
(b) No. of special visits to midwives	...	...	93
(c) No. of special visits to patients	...	...	39
(d) No. of visits <i>re</i> still births	...	...	27
(e) No. of visits <i>re</i> Puerperal Fever cases	...	...	12
TOTAL VISITS			466

TABLE XXIV.

CONDITIONS FOR WHICH DOCTORS WERE CALLED IN BY MIDWIVES.

PREGNANCY.

Ante-partum Hæmorrhage	...	...	...	24
Abortion	...	...	...	2
Miscarriage	...	...	...	12
Toxæmias (<i>a</i>) Unclassified	...	...	11	}
(<i>b</i>) Eclampsia	...	...	3	
Undiagnosed	...	...	...	20

LABOUR.

Abnormal Labour	...	...	...	148
Post-partum Hæmorrhage	...	...	...	16
Retained and Adherent Membranes	...	...	...	14
Ruptured Perineum	...	...	...	68

PUERPERIUM.

Puerperal rise of Temperature	...	...	...	35
Subinvolution...	...	...	...	1
Unclassified (Indefinite Diagnosis)	...	...	...	57

INFANT.

Ophthalmia	...	...	...	121
Convulsions	...	...	...	3
Atrophy, Debility and Marasmus	...	...	...	22
Congenital Malformations	...	...	...	16
Icterus Neonatorum	...	...	...	4
Pemphigus	...	...	...	15
Unclassified (Indefinite Diagnosis)	...	...	...	33

TABLE XXV. MATERNITY AND CHILD WELFARE.

WORK OF HEALTH VISITORS, 1925.

District.	First Visits.	Re-visits.	Visits to Toddlers.	Ineffective Visits.	Special Visits.	Clinics.	Total.
N.W.	287	579	1585	271	219	90	3031
S.W.	237	635	1543	232	196	90	2933
W.	342	850	1768	217	173	105	3455
N.E.	313	1531	1261	412	244	89	3850
S.E.	387	653	1686	279	352	96	3453
E.	349	1050	1627	149	284	99	3558
Centre	62	48	59	26	406	287	888
TOTAL	1977	5346	9529	1586	1874	856	21,168

Dressings, 888.

TABLE XXVI.

MATERNITY AND CHILD WELFARE.

BIRTHS

Births Notified				Male	Female	Sex not stated	Total
By Midwives	...	...	...	789	857	16	1662
„ Doctors	...	...	...	245	236	11	492
„ Others	...	...	...	13	25	1	39
							2193
STILL-BIRTHS							
By Midwives	...	...	...	31	17	...	48
„ Doctors	...	...	...	17	10	1	28
„ Others ...	...	...	...	...	1	...	1
							77

TABLE XXVII.

MATERNITY AND CHILD WELFARE CENTRES.

	Horseley Fields	Merridale Street	Stafford Street	Salop Street	Totals
INFANTS					
No. of Sessions ...	147	146	99	100	492
New Cases under 1 year	397	307	322	...	1026
New Cases over 1 year ...	92	55	58	...	205
Attendances under 1 year	4608	3557	3320	...	11485
Attendances over 1 year	2313	1701	1710	...	5724
Total Attendances ...	6921	5258	5030	...	17209
EXPECTANT MOTHERS					
New Cases ...	...	...	...	207	...
Total Attendances ...	...	...	...	1119	...
Average Attendances per Session ...	47	36	51	11.2	...

SCHOOL FOR MOTHERS.

Sessions ...	48	Attendances ...	663
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TABLE XXVIIA.

DENTAL CLINIC.

Sessions	Attendances	Extractions	Dentures Supplied
49	201	610	30

TABLE XXVIII.

WOLVERHAMPTON COUNTY BOROUGH, CASES OF
OPHTHALMIA NEONATORUM, 1925.

Cases notified by (a) Doctors	...	...	2
„ „ „ (b) Midwives	...	...	35
			<u>37</u>
Cases treated at home	...	...	12
„ „ „ out-patients Eye Infirmary	...	...	23
„ „ „ in-patients „ „	...	...	2
			<u>37</u>
Results :—			
Sight apparently perfect	...	...	36
„ impaired	...	...	—
Blind one eye	...	...	—
Blind both eyes	...	...	1
Result unknown	...	...	—
			<u>37</u>

N.B.—Two Infants notified as suffering from Ophthalmia Neonatorum died from Bronchitis.

TABLE XXIX.

**ADOPTIVE ACTS, BYE-LAWS AND LOCAL REGULATIONS
RELATING TO PUBLIC HEALTH IN FORCE IN THE
DISTRICT, WITH DATE OF ADOPTION.**

Local Acts :—

- Wolverhampton Improvements Act, 1869.
- Wolverhampton Corporation Act, 1887.
- Wolverhampton Corporation Act, 1891.
- Wolverhampton Corporation Act, 1904.
- Wolverhampton Corporation Act, 1908.
- Wolverhampton Corporation Water Act, 1915.
- Wolverhampton Corporation Act, 1925.

General Adoptive Acts :—

- Artizans' and Labourers' Dwellings Improvement Act, 1875.
(Adopted 1877).
- Public Health Acts Amendment Act, 1890. (Adopted 1891).
Parts 2, 3, 4 and 5.
- Infectious Diseases Prevention Act, 1890. (Adopted 1891).
- Public Health Acts Amendment Act, 1907. (Adopted 1910).
Sections 19, 20, 22, 23, 24, 26, 33 (Part II), 35-38 and 46-51
(Part III), 62, 65-68 (Part IV), 78-81 and 85 (Part VII), 88,
89 (Part VIII), and 91 (Part IX).

Regulations as to Dairies, Cowsheds and Milkshops (Revised 1923).

Bye-Laws with respect to :—

- Common Lodging Houses, 1870.*
- New Streets and Buildings, 1912.
- Offensive Trades, 1913.
- Public Sanitary Conveniences, 1902.
- Slaughter Houses (Revised 1912).
- Public Slaughter Houses, 1918.
- Nuisances arising from snow, 1897.
- Nuisances arising from animals, 1920.
- Good Rule and Government (Spitting), 1920.

* Further provisions contained in the Local Act of 1904.

WORKSHOPS.

TABLE XXX. A.—INSPECTIONS.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions (4)
Factories (includg. Factory Laundries) } Workshops (.. Workshop ..) } Workplaces }	4905	176	Nil
Total	4905	176	Nil

B.—DEFECTS FOUND.

Particulars. (1)	Number of defects.			Prosecu- tions. (5)	
	Found. (2)	Remed- ied. (3)	Referred to H.M. Insp'ctr (4)		
NUISANCES UNDER THE PUBLIC HEALTH ACTS :—					
Want of cleanliness	179	350	...	...
Want of ventilation ... ..	...	...	...	...
Overcrowding	1	3	...	...
Want of drainage of floors ...	2	1	...	...
Other Nuisances	320	331	...	...
* Sanitary Accommodation { insufficient ... unsuitable, or de- fective ... not separate for sexes ...	8	28	...	...
Total	510	713	...	...

* Section 22 of the Public Health Acts Amendment Act, 1890, is in force, and the standard aimed at is that of the Order of February, 1903.

TABLE XXX.—*Continued.* C.—HOME WORK.

* NATURE OF WORK.	OUTWORKERS' LISTS, SEC. 107.					
	Received from Employers.					
	Twice in the year.			Once in the year.		
	Out Workers.			Lists.	Contractors.	Workmen.
	Lists.	Contractors.	Workmen.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—						
Making, &c. ...	6	8	16	1	...	2
File Making ...	2	...	4	...	...	...
Locks, Latches & Keys	...	...	...	1	...	3
Totals ...	8	8	20	2	...	5

* When the return is "nil" the item is omitted from the table.

D.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year. (1)	Number (2)
Boot and Shoe Makers and Repairers, 77 ; Bakehouses, 72 ; Lockmakers, 41 ; Tailors, 64 ; Dressmakers, 30 ; Milliners, 29 ; Cabinet Makers and Upholsterers, 19 ; Smiths, 17 ; Keymakers, 3 ; Spectacle Frame Makers, 9 ; Builders, &c., 21 ; various other trades, 213	595
Total number of Workshops on Register	595

E.—OTHER MATTERS.

Class (1)	Number (2)
MATTERS NOTIFIED TO H.M. INSPECTOR OF FACTORIES :—	
Failure to affix Abstract of Factory and Workshop Act ...	...
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Acts	Notified by H.M. Inspector Reports (of action taken) sent to H.M. Inspectors
Others	
Underground Bakehouses (s. 101) :—	
Certificates granted during the year ... ..	...
In use at the end of the year	1

CANAL BOATS ACTS, 1877-1884.

Number of boats registered during 1925	...	...	3
.. .. inspected .. ..	...	...	268
.. .. infringements discovered	...	...	99
.. .. notices issued	...	...	61
.. .. outstanding at end of year	...	...	11
.. .. infectious diseases notified	...	...	—
.. .. cabins disinfected	...	...	—

TABLE XXXI. PUBLIC COMPLAINTS OR REQUESTS RECEIVED AND DEALT WITH.

Complaints in respect of :—Alleged or Suspected Sanitary Defects	...	700
.. .. and requests of :—Closet Pans or Ash Receptacles	...	75
TOTAL	...	775

SUMMARY OF ROUTINE INSPECTION WORK.

	DISTRICTS.						Work-shops.	Total for Borough.
	N.W.	W.	S.W.	N.E.	E.	S.E.		
Investigations made into Notifiable Infectious Diseases	92	84	89	71	77	55	...	468
Investigations made into other Infectious Diseases	214	204	313	280	251	264	...	1526
Number of Houses inspected	136	199	232	417	476	283	...	1743
Re-inspections, Calls made, &c.	2444	2390	2041	3094	2639	2960	4830	20407
Smoke observations	6	23	6	3	5	10	16	69
Inspections under Housing, etc., Act	8	...	...	15	...	1	...	24
.. .. of Houses Let-in-Lodgings	26	49	22	95	21	46	...	253
.. .. Canal Beats	...	...	...	...	1	...	247	268
.. .. Workshops	...	...	...	...	...	...	33	33
.. .. Bakehouses	281	162	69	113	33	81	...	739
.. .. Cowhouses	1	13	...	6	23	18	...	61
.. .. Dairies and Milkshops	756	589	338	203	256	1009	...	3154
.. .. Slaughter-houses	318	218	619	144	487	728	...	2514
.. .. Offensive Trades	256	330	159	195	107	238	30	1309
.. .. Stables and Stable-yards	228	263	18	95	202	249	239	1294
.. .. Courts, Outdoor Closets, Drains, &c.	2037	2044	1972	1429	2182	2570	174	12408
.. .. Piggeries, Fowls, and other Animals kept	63	22	10	15	60	58	2	230
.. .. Meat and Food	322	579	531	1745	514	601	...	4292
Miscellaneous	63	119	72	322	41	163	137	917
TOTAL INSPECTIONS, &c.	7245	7288	6491	8245	7375	9328	5740	51714
References to :								
Cleansing Department	17	9	2	5	3	9	2	47
Borough Engineer's ..	64	51	22	46	70	39	22	314
Water Engineer's ..	9	9	19	7	60	62	28	194
TOTALS	90	69	43	58	133	110	52	554

TABLE XXXII. SANITARY DEFECTS REPORTED.

		N.W.	W.	S.W.	N.E.	E.	S.E.	Work-shops.	Total for Borough.
HOUSES AND WORKSHOPS:—									
1. Requiring cleansing and limewashing	...	154	128	141	214	202	137	112	1088
2. Dampness ...	...	48	134	168	125	169	173	27	844
3. Dilapidations or defective ventilation	...	245	135	186	249	306	219	19	1,359
4. Overcrowded	...	28	7	22	14	41	47	1	160
5, 6, 7, 8, 10. Defective or insufficient closet accommodation	...	47	44	34	81	38	52	104	400
9, 36. Defective urinals...	...	2	...	...	1	3	1	4	11
11, 13, 14, 15, 16, 27. Defective sanitary fittings	...	75	16	54	44	19	17	9	234
35. Offensive accumulations	...	73	46	51	56	30	84	14	354
17, 21, 23. Defective drains	...	20	7	13	9	8	21	8	86
20. Drains found stopped	...	102	54	81	97	88	77	7	506
24. Defective fall pipes ...	...	103	38	71	54	49	63	11	389
25. Defective eaves spouting	...	147	50	104	110	52	71	21	555
26. Defective roofs	...	148	110	122	97	119	106	34	736
GENERAL:—									
28. Defective yard surfaces	...	65	15	19	20	28	41	5	193
29, 30. Defective outbuildings	...	330	149	258	246	264	150	105	1,502
31, 32. Defective ash receptacle	...	130	89	113	60	64	69	1	526
33, 34. Infringements of Bye-laws	...	38	22	11	27	31	47	7	183
MISCELLANEOUS ...		102	47	67	146	86	75	21	544
		1,857	1,091	1,515	1,650	1,597	1,450	510	9,670

TABLE XXXIII. NOTICES SERVED DEALING WITH THE AFORESAID SANITARY DEFECTS.

FORM OF NOTICES.				DISTRICTS.						Work-shops.	Total for Borough.
				N.W.	W.	S.W.	N.E.	E.	S.E.		
Intimation (Preliminary)	...	...	...	227	167	230	340	258	390	135	1657
Statutory	...	...	...	584	409	597	528	592	521	41	3272
TOTALS	...	...	...	811	576	827	868	850	821	176	4929
Prosecutions :											
Non-compliance with Notices	...	...	...	7	4	6	1	9	5	...	32
Establishing Offensive Trade	...	...	...	2	...	...	...	...	...	...	2
Non-compliance with Meat Regulations	...	...	...	...	...	...	1	...	...	...	1
Contravention of Rag Flock Act	...	...	...	...	...	...	...	...	...	1	1
TOTALS	...	...	...	9	4	6	2	9	5	1	36

TABLE XXXIV. IMPROVEMENTS MADE IN COMPLIANCE WITH NOTICES SERVED.

IMPROVEMENTS.				DISTRICTS.						Work-shops.	Total for Borough.
				N.W.	W.	S.W.	N.E.	E.	S.E.		
Drains	Reconstructed	...	...	...	1	25	3	1	...	1	31
	Improved or Repaired	...	...	198	160	114	121	34	125	21	713
	Traps fixed	...	...	24	8	16	27	7	43	4	129
	Provided	...	...	4	13	46	19	15	2	...	99
Sinks Improved or Repaired				39	3	19	5	13	9	...	88
Pan Closets altered to Water Closets				...	...	...	2	...	...	...	2
Waste-water Closets altered to W.C's				16	12	31	14	6	26	1	106
Water Closets	Constructed	...	...	1	...	1	1	...	...	4	7
	Improved or Repaired	...	...	44	51	46	46	19	50	23	279
Ashpits	Ash Bins provided	...	...	140	61	144	74	112	75	...	606
	Altered to Bin	...	...	27	7	6	2	...	1	1	44
	Improved or Repaired	...	...	20	...	...	1	...	2	...	23
Courts, Yards, and Channels				97	82	72	89	32	81	4	457
Water	Wells Closed	...	...	...	...	...	...	...	...	...	...
	Water laid on	...	...	...	1	4	...	8	...	1	14
	Soft Water Cisterns Cleansed	...	...	10	3	1	1	...	1	...	16
Houses	Cleansed or Linewashed	...	...	83	128	67	162	180	101	203	864
	Generally Repaired	...	...	205	290	214	154	272	308	30	1473
	Lighted or Ventilated	...	...	43	9	65	17	97	30	...	261
	Sponting, etc., provided or repaired	...	...	168	232	184	134	89	195	23	1025
Overcrowding Abated				19	5	6	6	21	18	3	78
Out-door Premises Linewashed				288	409	255	552	364	345	147	2360
" " Improved or Repaired				220	523	135	121	135	122	63	1319
Animals Removed				16	23	16	59	33	34	1	182
Offensive Accumulations Removed				176	161	141	197	211	154	132	1172
Other Amendments or Nuisances Abated				41	34	3	310	2	41	51	482
TOTAL IMPROVEMENTS				1879	2156	1611	2057	1651	1763	713	11830
TOTAL PREMISES IMPROVED				885	879	1035	953	1024	1224	354	6354

TABLE XXXV. DISEASED OR UNSOUND FOOD DESTROYED.

Surrendered to Sanitary Inspector.

2 calves and loins and flanks of calf.
 Portions of fore-quarter of beef.
 1 side of beef.
 Portions of brisket and flank of beef.
 Carcass and portions of 8 sheep.
 Carcass and portions of mutton.
 Loin, flank and leg of mutton.
 Carcasses and offals of two pigs.
 94 pigs' heads.
 1 pigs' liver and kidney.
 29 sets of pigs' fry.
 11 beasts' lungs.
 12 and portions of beasts' livers.
 3 beasts' heads and 1 beast's kidney.
 2 sets of sheeps' lungs.
 10 and portions of sheeps' livers.
 Piece of ham—boiled.
 1 pork pie.
 1 rabbit.
 14 rabbits' livers.
 1 tin of corned beef.
 1 tin of prawns.
 101 bundles of tomatoes.
 36 barrels of pears.
 16 baskets of strawberries.
 13 cases of onions.
 3 tins of liquid eggs.
 Quantity of broken eggs.
 1 halibut and 1 Iceland cod (small).
 1 box of sand dabs and 1 box of soles.

TABLE XXXVI.

WOLVERHAMPTON HOUSING CONDITIONS.

STATISTICS, YEAR ENDED 31st DECEMBER, 1925.

Number of new houses erected during the year :—

(a) Total	...	...	...	...	...	518
(b) With State Assistance under the Housing Acts, 1919 1923, or 1924.						
(1) By Local Authority	...	...	...			538
(2) By other bodies or persons	...	...	...			64
(3) Subsidised houses outside the Borough	...					87

2.—UNFIT DWELLING HOUSES.

I.—INSPECTION.

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	1743
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	24
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	16
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation...		1162

II.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling houses rendered fit in consequence of Informal action by the Local Authority or their Officers	...	1873
---	-----	------

III.—ACTION UNDER STATUTORY POWERS.

A.—Proceedings under section 3 of the Housing Act 1925	...	Nil
--	-----	-----

B.—Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which Notices were served requiring defects to be remedied	...	6077
(2) Number of dwelling houses in which defects were remedied :—		
(a) By Owners	...	5745
(b) By Local Authority in default of Owners		Nil

TABLE XXXVI.—*Continued.*

C.—Proceedings under sections 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	...	...	16
(2) Number of dwelling houses in respect of which Closing Orders were made	...	...	16
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses have been rendered fit	...	...	Nil
(4) Number of dwelling houses in respect of which demolition orders were made	...	...	1
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	...	...	1

TABLE XXXVII.

SALE OF FOOD AND DRUGS ACTS, 1875 TO 1907.

Total number of samples taken during the year 1925 :—

Article.	TOTAL.	Genuine.	Not Genuine.	Prosecutions.
Milk	107	92	15	...
Butter	87	87	...	...
Lard	38	38	...	...
Margarine	19	18	1	...
Beer	13	13	...	...
Preserved Cream	4	4	...	...
Milk (sterilised)	3	3	...	...
Milk (evaporated)	3	3	...	...
Milk (appeal to cow)	2	1	1	..
Olive Oil	1	1	...	...
Cream	1	1	...	...
TOTAL	278	261	17	...

CONTENTS.

Abattoir	26	Meat Inspection... ..	26
Acknowledgments	5	Meteorology	7, 43
Adoptive Acts	63	Midwives'	36
Ambulance Facilities	13	Milk and Cream Regulations... ..	73
Ante-Natal Clinic	39, 62	Milk (Mothers and Children)	40
Anti-toxin, Diphtheria	29	Order	25
Ash Receptacles... ..	17	Milk Supplies	25
Bacteriological Examinations... ..	58	Mortality in connection with	37
Bakehouses	27, 66	Childbirth	38, 62
Births	10, 61	Municipal Welfare Centres	6
Bronchitis	37	Natural Increase in Population	37
Bye-laws	63	Neo-Natal Mortality	61
Canal Boats	66	Notification of Births Acts	51, 52
Cancer	32	Notification of Infectious	67
Clinics and Treatment Centres 38, 62	30	Nuisances	19
Closet Accommodation	16	Offensive Trades	41, 62
Common Lodging Houses	18	Ophthalmia of the Newly-born	30
Conversions	16	Pneumonia	6
Dairies, Cowsheds and Milk-shops	25	Population	37
Deaths	10, 44	Pregnancy, Deaths due to	73
Dental Clinic	40	Preservatives in Food Stuffs	68
Diarrhoea	42	Prosecutions	41
Diphtheria	29, 57	Puerperal Fever... ..	19
Disinfection	30, 51	Rag Plock	17
Dispensary, Tuberculosis	50	Refuse, Collection of	18, 66
Encephalitis Lethargica	29	Sanitary Work, Details of	28
Enteric Fever	29, 56	Scarlet Fever	55
Factory and Workshop Acts ... 64, 65	28, 72	Scarlet Fever, Return Cases	17
Food and Drugs, Sale of	25	Seavenging	39
Food, Preparing Places	27	Slaughter Houses	24
Health Visitors, Work of ... 38, 61	40	Shum Clearance... ..	28
Home Helps	14	Smoke Abatement	3
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STATEMENT showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

GEORGE MITCHELL, M.D.,
Medical Officer of the Treatment Centre.

January 26th. 1926.

TABLE XXXIX.

RETURNS relating to all persons who were treated at the Venereal Diseases Treatment Centre at Wolverhampton and Staffordshire Hospital during the year ended the 31st December, 1925.

	1. Number of cases which :—										2 (a) Number of cases dealt with at the Treatment Centre during the year for the first time										2 (b) Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection										3. Number of cases which ceased to attend :—										4. Number of cases transferred to other Treatment Centres after treatment for										5. Number of cases discharged after completion of treatment and observation for										6. Number of cases which, at the end of the year under report, were under treatment or observation for										TOTAL—Items 3, 4, 5, and 6																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
	Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		

TABLE XXXVIII.

MILK AND CREAM REGULATIONS.

Report of Administration in connection with the Public Health (Milk and Cream) Regulations 1912-1917, year ending December 31st, 1925 :—

(1) Milk and Cream not sold as preserved cream :—

Number of samples examined for presence of a preservative.		Number in which a preservative was reported present.	
Milk	...	107	Nil.
Cream	...	1	Nil.

(2) Cream sold as preserved cream :—

(a) Samples submitted for analysis to ascertain if the statements on the label as to preservation were correct :—

(I.) Correct statements made	...	4
(II.) Statements incorrect	...	Nil.
Total	...	4

(b) Determinations of milk fat in cream sold as preserved cream :—

(I.) Above 35 per cent.	...	4
(II.) Below 35 per cent.	...	Nil.
Total	...	4

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream have not been complied with :—

Nil.

(d) Cases in which the Regulations have not been complied with, and action taken :—

Nil.

(3) Thickening substances. No evidence of their addition to cream or preserved cream was found.